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## NOTICE

CORRECTION ISSUE FOR WSR 82-20

This issue contains documents officially  
filed not later than October 6, 1982

## 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.

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DENNIS W. COOPER  
Code Reviser

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# WASHINGTON STATE REGISTER

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## **NOTICE**

**THIS SPECIAL ISSUE OF THE WASHINGTON STATE REGISTER REPLACES THE FIRST 95 PAGES OF ISSUE 82-20, WHICH WERE INCORRECTLY PRINTED. THE REMAINDER OF ISSUE 82-20, INCLUDING THE INDEX AND TABLES, IS CORRECT.**



**WSR 82-18-067**  
**EMERGENCY RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
**(Institutions)**

[Order 1874—Filed September 1, 1982]

I, David A. Hogan, director of the Division of Administration, do promulgate and adopt at Olympia, Washington, the annexed rules relating to community mental health programs, new chapter 275-56 WAC.

I, David A. Hogan, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is chapter 204, Laws of 1982, requires that these rules be effective this date.

These rules are therefore adopted as emergency rules to take effect upon filing with the code reviser.

This rule is promulgated pursuant to chapter 204, Laws of 1982, and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED September 1, 1982.

By David A. Hogan  
 Director, Division of Administration

*Chapter 275-56 WAC*  
**COMMUNITY MENTAL HEALTH PROGRAMS**

**NEW SECTION**

**WAC 275-56-005 PURPOSE AND AUTHORITY.** Chapter 275-56 WAC establishes rules and regulations for county administration of community mental health programs, licensing service providers, information, accountability, contracts and services. Chapter 275-56 WAC is adopted under authority of chapter 71-24 RCW.

(1) The rules and regulations of county administration are specified in two areas:

(a) County administration and planning (WAC 275-56-025 through 275-56-065), and

(b) County fiscal administration (WAC 275-56-070 through 275-56-110).

(2) Minimum standards for licensing service providers are specified in four areas:

(a) Licensing procedures (WAC 275-56-115 through 275-56-130);

(b) Organizational administration of the provider agency, including (WAC 275-56-135 through 275-56-335):

(i) Administration;

(ii) Provider fiscal administration;

(iii) Personnel management;

(iv) Quality assurance;

(v) Program evaluation;

(vi) Facilities.

(c) Services administration, including (WAC 275-56-340 through 275-56-540):

(i) Accessibility and awareness of services;

(ii) Client rights;

(iii) Client entry, service planning, and service operations;

(iv) Client records.

(d) Services, including (WAC 275-56-545 through 275-56-745):

(i) Emergency services;

(ii) Outpatient services;

(iii) Day treatment services;

(iv) Consultation and education services;

(v) Community support services;

(vi) Preadmission screening services;

(vii) Inpatient;

(viii) Residential services.

**NEW SECTION**

**WAC 275-56-010 PRIORITY POPULATIONS.** Chapter 275-56 WAC establishes rules, regulations, and standards for community mental health programs providing for:

(1) Access to mental health services for residents of the state of Washington who, in priority order, are:

(a) Acutely mentally ill;

(b) Chronically mentally ill;

(c) Seriously disturbed.

(2) Mental health services recognizing the special needs of underserved groups within the priority populations, including:

(a) Minorities,

(b) Children,

(c) Elderly,

(d) Disabled, and

(e) Low-income persons.

**NEW SECTION**

**WAC 275-56-020 DEFINITIONS.** For the purposes of the rules, regulations, and standards of chapter 275-56 WAC, the following words and phrases shall have the following meaning:

(1) "Acutely mentally ill" means a condition limited to a short-term severe crisis episode of:

(a) A mental disorder as defined in this chapter,

(b) Being gravely disabled as defined in this chapter,

or

(c) Presenting a likelihood of serious harm as defined in this chapter.

(2) "Case Management" means assistance to the client and family or significant others to obtain, maintain or develop an appropriate place for the client in the community. This service involves assistance in obtaining the full range of needed services, routine monitoring, supervision of client's functioning, and establishing and maintaining support for the client and his or her family or significant others.

(3) "Chronically mentally ill" means a person having a mental disorder and meeting at least one of the following criteria:

(a) Has undergone two or more episodes of hospital care for a mental disorder within the preceding two years;

(b) Has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months duration within the preceding year, or

(c) Has been unable to engage in any substantial gainful activity by reason of any mental disorder which has lasted for a continuous period of not less than twelve months.

(4) "Clinical staff member" means a regularly employed or contracted line staff member or supervisor engaged to any extent in providing direct evaluative, diagnostic, or therapeutic services to clients. The term does not include volunteers, students, or consultants.

(5) "Community mental health program" means the total mental health program established by a county or group of counties acting in combination for the purpose of providing mental health services in accordance with the Community Mental Health Services Act, chapter 71.24 RCW.

(6) "Community Mental Health Services Act" means chapter 71.24 RCW.

(7) "Community support services" means those services for acutely and chronically mentally ill persons which include:

(a) Discharge planning for clients leaving state hospital and other acute care inpatient facilities;

(b) Sufficient contacts with clients, family or significant other to provide for an effective program of community maintenance; and

(c) Medication monitoring.

(8) "Consultation" means review and recommendations regarding the job responsibilities, activities, or decisions of administrative, clinical, or clerical staff, contracted employees, volunteers, or students by a person or persons with appropriate knowledge and experience to make such recommendations. This definition does not constitute a definition of consultation and education.

(9) "Consultation and education" means those services provided to assist others in the community to understand and care for acutely and chronically mentally ill and seriously disturbed persons and includes:

(a) Consultation to other community providers, and

(b) Educational and public information services.

(10) "Consumers" means persons, couples or families receiving clinical coordinative or supportive services.

(11) "Crisis" means a situation where, because of severe internal or external stresses, a person is experiencing serious disruption in cognitive, volitional, social or physiological functioning.

(12) "Day treatment services" means those services for mentally ill persons which include training in basic living and social skills, supported work, vocational rehabilitation, day activities, and may include therapeutic treatment.

(13) "Direct treatment services" means clinical or coordinative services provided directly to consumers to meet the consumer's mental health needs, as distinct

from activities conducted with other persons, organizations, or groups on behalf of consumers, and also as distinct from supervisory, consultative or training activities conducted with regard to consumers or services.

(14) "Emergency" means a situation where there is likelihood of serious harm to person or persons or property resulting from the actions or threatened actions of a mentally ill person.

(15) "Emergency services" means those response and intervention services provided to persons experiencing mental health emergencies or crisis and include:

(a) Twenty-four hour telephone response;

(b) On-site intervention, evaluation and treatment;

(c) Crisis stabilization services.

(16) "Gravely disabled" means a condition where a person, as a result of a mental disorder:

(a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or

(b) Manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognition or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

(17) "Inpatient services" means a direct treatment modality in which the client is under the auspices of a hospital twenty-four hours per day for evaluative, diagnostic, and therapeutic purposes. Inpatient services are provided in a psychiatric hospital or in a general hospital, or skilled nursing facility. The treatment must include overnight care, but the client may spend time outside the treatment facility as part of the therapeutic process.

(18) "Material adjustment" means a budget revision equaling ten percent of a budget category or five hundred dollars, whichever is greater.

(19) "Mental disorder" means any organic, mental, or emotional impairment having substantial adverse effect on an individual's cognitive or volitional functions.

(20) "Mental health services" means:

(a) Community services pursuant to chapter 71.24 RCW, and as defined in chapter 275-56 WAC, including:

(i) Outpatient services;

(ii) Emergency services;

(iii) Day treatment;

(iv) Screening for patients being considered for admission to state mental health facilities;

(v) Consultation and education services;

(vi) Community support services;

(vii) Inpatient and residential services (optional services).

(b) Other services provided by the state for the mentally ill.

(21) "Mentally ill persons" and "the mentally ill" means a person or condition defined in this chapter as:

(a) Acutely mentally ill;

(b) Chronically mentally ill;

(c) Seriously disturbed.

(22) "Minority" or "ethnic minority" means any of the following general population groups:

(a) American Indian or Alaskan native,

- (b) Asian or Pacific Islander,
- (c) Black,
- (d) Hispanic.

(23) "Outpatient services" means those services provided in less than a residential or day treatment setting for clients whose dysfunction is not so severe as to need such intense or restrictive service. Outpatient services may include, but are not limited to, evaluation, diagnosis, psychotherapy, medication management, and activities therapy.

(24) "Preadmission screening services" means those services provided for patients being considered for admission to state hospital facilities to determine the appropriateness of admission.

(25) "Properly executed accounting documents" means accounting documents processed in a manner consistent with agency policies and procedures and providing sufficient and adequate documentation for an audit of the agency's financial transactions.

(26) "Provider" means licensed service provider as defined in chapter 71.24 RCW.

(27) "Residential services" means a facility or distinct part thereof which provides food, clothing, shelter, and may include day treatment services as defined in this chapter, for acutely mentally ill, chronically mentally ill, or seriously disturbed persons. Such facilities include, but are not limited to, congregate care facilities providing mental health client services as stipulated by contract with the department beginning January 1, 1982.

(28) "Seriously disturbed person" means a person who:

(a) Is gravely disabled or presents a likelihood of serious harm to self or others as a result of a mental disorder as defined in chapter 71.05 RCW;

(b) Has been on conditional release status at some time during the preceding two years from an evaluation and treatment facility or a state mental health hospital;

(c) Has a mental disorder which causes major impairment in several areas of daily living;

(d) Exhibits suicidal preoccupation or attempts; or

(e) Is a minor child diagnosed by a mental health professional as defined in RCW 71.05.020, as experiencing a mental disorder which is clearly interfering with the child's functioning in family or school or with peers or is clearly interfering with the child's personality development and learning.

(29) "Supervision" means:

(a) Regular or occasional oversight of the administrative, clinical or clerical work performance of staff, students, volunteers or contracted employees by person or persons with the authority to give direction and require change.

(b) Supervision of clinical and case management functions must involve detailed, regular, ongoing examination of evaluative, diagnostic, therapeutic, coordinative, or supportive activities and decisions of the supervisee. Supervision includes regular review and evaluation of treatment progress.

(30) "Training" means planned educational events or activities designed to instill or enhance skills and to increase knowledge.

#### NEW SECTION

WAC 275-56-025 COUNTY ADMINISTRATION AND PLANNING—BIENNIAL MENTAL HEALTH NEEDS ASSESSMENT. The county authority shall submit to the department a biennial mental health needs assessment.

(1) A biennial needs assessment shall be prepared for residents of the county who are acutely mentally ill, chronically mentally ill, or seriously disturbed, including minorities, children, elderly, disabled, and low-income groups in these priority populations. The biennial needs assessment shall determine need with respect to mental health services required by the Community Mental Health Services Act.

(2) The biennial needs assessment will include:

(a) Estimates of the type and extent of significant mental health needs of the mentally ill, including estimates of the number of chronically mentally ill persons, seriously disturbed persons, and acute crises occurring in the county during the biennium.

(b) A projection of the amount and type of mental health services necessary to meet identified mental health needs of the acutely mentally ill, chronically mentally ill, and seriously disturbed.

(c) Identification of public and private resources available to meet the mental health needs of the acutely mentally ill, chronically mentally ill, and seriously disturbed, including:

(i) Identification of all licensed service providers in the county.

(ii) Assessment of the capability of the current mental health program and mental health providers to meet the needs of the mentally ill.

(d) A prioritization of needs for mental health services including a ranking of the program changes and additions necessary to meet identified mental health needs of the mentally ill.

(3) The biennial needs assessment shall be conducted in accordance with department guidelines for needs assessment.

#### NEW SECTION

WAC 275-56-030 COUNTY ADMINISTRATION AND PLANNING—BIENNIAL MENTAL HEALTH SERVICE PLAN AND BUDGET. The county authority shall submit to the department a biennial mental health service plan and budget.

(1) The biennial plan shall address the needs identified in the biennial needs assessment for the acutely mentally ill, chronically mentally ill, and seriously disturbed, including minorities, children, elderly, disabled, and low-income groups in these priority populations. The biennial plan shall be developed based on state and county mental health fund allocations and priorities established in the biennial needs assessment.

(2) The biennial plan shall include the following components:

(a) A work statement identifying needs to be met, goals and objectives, an action plan for delivery of mental health services, and program development activities

related to needs identified in the biennial needs assessment. The work statement shall include all mental health services required by the Community Mental Health Services Act.

(b) A budget identifying revenues and expenditures for mental health services, program development activities, and administration of the mental health program and services. The budget will be submitted in accordance with the requirements specified in WAC 275-56-080.

(3) The biennial plan shall be developed in accordance with the planning guidelines of the department.

(4) Any provider having applied to participate in the county mental health program under authority of the Community Mental Health Services Act and who objects to planning decisions regarding the biennial plan may appeal for a hearing before the county authority. When an appeal is made, the county authority shall review the appeal and notify the provider, in writing, of the appeal disposition within thirty days after the appeal has been received.

(5) Any county objecting to the department's disposition of the county's plan may request an administrative review pursuant to the Administrative Procedure Act, chapter 34.04 RCW.

#### NEW SECTION

**WAC 275-56-035 COUNTY ADMINISTRATION AND PLANNING—AVAILABILITY AND ACCESSIBILITY OF REQUIRED MENTAL HEALTH SERVICES FOR ACUTELY MENTALLY ILL, CHRONICALLY MENTALLY ILL, AND SERIOUSLY DISTURBED PERSONS.** The biennial plan shall ensure required mental health services are available and accessible to the acutely mentally ill, chronically mentally ill, and seriously disturbed including underserved groups in the priority populations.

(1) The following mental health services shall be available to acutely mentally ill, chronically mentally ill, and seriously disturbed persons in accordance with the priorities established in the biennial needs assessment:

(a) Emergency care services for twenty-four hours per day;

(b) Screening for patients being considered for admission to state mental health facilities;

(c) Community support services;

(d) Day treatment;

(e) Outpatient services;

(f) Consultation and education services;

(g) Inpatient services (optional);

(h) Residential services (optional).

(2) The biennial plan shall ensure mental health services are available to priority clients throughout the county.

(a) Services shall be located within a reasonable distance of all county residents.

(b) Emergency outreach and community support services shall be available to mentally ill persons who, because of situation, age, or disability, cannot travel to facilities where mental health services are provided.

(3) The biennial plan shall demonstrate that mental health services are designed for and available to children, elderly, minorities, disabled, and low-income persons who are acutely mentally ill, chronically mentally ill or seriously disturbed.

(a) The biennial plan shall ensure services directed to persons under eighteen years of age shall be provided by or under the supervision of a child mental health specialist as defined in WAC 275-56-250(2).

(b) The biennial plan shall ensure services directed to persons sixty years of age or older shall be provided by or under the supervision of a geriatric mental health specialist as defined in WAC 275-56-250(4).

(c) In county mental health programs where a particular ethnic minority population constitutes three thousand persons or three percent or more of the area's total population, the biennial plan shall ensure services are available which:

(i) Are designed for and accessible to historically underserved minority populations;

(ii) Are provided by, supervised, and/or utilize the consultation of minority mental health specialist or specialists, as defined in WAC 275-56-250(5), when the specialized skills of the person or persons are determined to improve the quality of the client's care; or

(iii) Are provided through established working relationships and/or contractual relationships with minority agencies or programs employing a minority mental health specialist or specialists, as defined in WAC 275-56-250(5), to provide all or part of the treatment services to minority people.

(e) The biennial plan shall ensure barriers to utilization of services by disabled persons are removed or minimized by contracting with agencies whose services meet the requirements of Section 504 of the Rehabilitation Act of 1974, and provide for the availability of consultation and/or direct service of persons with special skills for serving disabled clients.

(f) Bilingual personnel shall be available to serve non-English and limited-English speaking persons.

(4) Where child, geriatric, and/or minority mental health specialists are unavailable to provide services necessary to meet the needs of the mentally ill, the biennial plan shall demonstrate:

(a) The county has made a reasonable effort to acquire the services of the specialist required; or

(b) The county is developing a training program or seeking outside resources to provide training to assist existing employees of the mental health program in acquiring necessary specialist skills.

#### NEW SECTION

**WAC 275-56-040 COUNTY ADMINISTRATION AND PLANNING—PROVIDERS ELIGIBLE FOR FUNDING.** The county authority shall ensure the biennial plan is inclusive of only licensed service providers.

(1) The county may become a licensed service provider under the following conditions:

(a) No other licensed service provider is available to provide the mental health services; or



(b) The county has demonstrated to the department that the county can provide mental health services more efficiently and cost effectively than an available licensed service provider or providers without loss of quality of care, and

(c) The county-operated program meets minimum standards for licensure as a service provider.

(2) Where the county becomes a licensed service provider of mental health services, the department shall meet the following responsibilities of the county authority for the services:

(a) Contract monitoring of the provider (WAC 275-56-055).

(b) Fiscal auditing of the provider (WAC 275-56-110).

(3) If the county decides not to participate in the community program, the department shall assume all responsibilities of the county authority for administering community mental health services in the county.

(4) Provider organizations contracting with the county for mental health services shall be licensed by the department in accordance with Washington state minimum standards for community mental health programs.

(5) Contracts with an individual practitioner or practitioners licensed under chapters 18.71, 18.83 or 18.88 RCW and shall require all fiscal accountability and patient tracking information as defined in this chapter. The county shall also:

(a) Determine additional standards specified for community mental health applicable to individual practitioners;

(b) Specify those standards in contracts with all individual practitioners as terms and conditions of the contract;

(c) Monitor contract compliance with standards determined applicable to individual practitioners.

#### NEW SECTION

WAC 275-56-050 COUNTY ADMINISTRATION AND PLANNING—BIENNIAL PLAN AS A BASIS FOR CONTRACTING. The county authority shall utilize the biennial plan and budget as a basis for contracting.

(1) The biennial plan shall form the basis for the county contract with the department. The work statement and budget shall be incorporated into the contract.

(2) The contract between the county and the department shall serve as the basis for county contracts with providers.

(3) The county shall utilize standardized contract terms and conditions consistent with department guidelines for contracting and including requirements for at least the following:

(a) Reporting of funding and statistical information on all mental health services offered by the provider,

(b) Compliance with minimum standards for community mental health programs.

(4) The county shall not implement the biennial plan prior to department determination of the plan's compliance with standards.

#### NEW SECTION

WAC 275-56-055 COUNTY ADMINISTRATION AND PLANNING—COUNTY MONITORING OF LICENSED SERVICE PROVIDERS. The county authority shall be responsible for monitoring licensed service providers having contracted with the county to provide mental health services.

(1) The county authority shall evaluate, at least annually, the licensed service providers' compliance with contract terms, including:

(a) Progress toward attainment of goals and objectives specified in the contract;

(b) Compliance with the work statement as specified in the contract;

(c) The amount and type of mental health services provided to the mentally ill including utilization of services by priority populations and underserved groups in these populations;

(d) Progress toward program development specified in the contract.

(2) Each biennium, the county authority shall conduct a program and fiscal audit of the provider. The county shall use a standardized, formal process developed by the department for the program audit.

(3) The county shall notify the department of any findings resulting from the county's monitoring of licensed service providers indicating the provider is not in compliance with contract terms or minimum standards. The county shall submit a written report of the program and fiscal audits to the department.

(4) The responsibilities specified in this section may be given to one county where a combination of counties have established a community mental health program and the administration of the program is provided by one county.

#### NEW SECTION

WAC 275-56-060 COUNTY ADMINISTRATION AND PLANNING—CLIENT TRACKING INFORMATION. The county authority shall be responsible for ensuring the client tracking information for the chronically mentally ill is maintained.

(1) Information on all chronically mentally ill persons shall be maintained in a single centralized file or record.

(a) The centralized file or record shall contain information identifying the provider or providers responsible for serving the client including at least the following information:

(i) Client identifier enabling the client to be uniquely identified in any service he or she receives.

(ii) Name of the state hospital, certified evaluation and treatment facility or community inpatient facility or licensed service provider releasing the client and the date of the release.

(iii) Identification of the provider or providers where the client was referred in the community upon release from the state hospital, certified evaluation and treatment facility or community inpatient facility or licensed service provider, including case management services.

(iv) Service participation in the mental health program since the most recent date of release from the state

hospital or certified state evaluation and treatment facility or licensed service provider or community inpatient facility, including provider name, service assignment, and dates of service.

(b) The county may contract with a licensed service provider to maintain the centralized file or record.

(2) The client tracking information shall be provided to the county by state hospitals, certified evaluation and treatment facilities, involuntary treatment mental health professionals, and licensed service providers under contract to the county authority or the department.

(a) Referring provider entities referenced in this section providing the county with client tracking information shall follow an established procedure for notification of client release.

(b) Providers receiving a client released to the county and referred to the provider by a state hospital, certified evaluation and treatment facility, community inpatient facility or licensed service provider shall notify the county of the disposition of the referral, and any subsequent referrals, transfers, and terminations of the client.

(c) The county may utilize the department's centralized client tracking system to meet the requirements of this section.

(3) The confidentiality of information contained in the client tracking file or record shall be maintained in accordance with WAC 275-56-375 and RCW 71.05.390 through 71.05.440. All county personnel or provider employees having access to the client tracking file or record shall be instructed in the confidentiality requirements referenced in this section. A statement signed by the individual acknowledging his or her employee understanding and agreement to abide by these requirements shall be kept on file by the county, and where applicable, by the provider.

(4) A single centralized client tracking file may be maintained where a combination of counties have established a community mental health program and the administration of the program is provided by one county.

(5) Client tracking information shall be retained for a period of not less than five years beyond the last contact with the client. When a client is a minor the record shall be maintained for a period of not less than three years beyond the client's eighteenth birthday, or five years beyond the last contact, whichever is the longer period of time.

#### NEW SECTION

**WAC 275-56-065 COUNTY ADMINISTRATION AND PLANNING—COUNTY COORDINATION OF SERVICES.** The county authority shall ensure coordination of services for the acutely mentally ill, chronically mentally ill, and seriously disturbed including underserved groups in these priority populations.

(1) The county authority shall utilize information from the client tracking system to ensure that efforts are made to provide services to all chronically mentally ill persons referred for community support services by a state hospital, certified evaluation and treatment facility, community inpatient facility or licensed service provider. If within two weeks the county has not been notified that

a referral has been acted upon, then the county shall follow-up with the provider receiving the referral to determine the referral disposition. If the referral was not completed or was inappropriate, the county shall determine and document the reasons.

(2) The county shall utilize information from the client tracking system to routinely monitor the continuity of care for clients having entered community support services. The county shall be able to determine which provider is responsible for services to the client for all clients active in community support.

(3) The county shall utilize the client tracking information to assess the effectiveness of referral patterns at least annually.

(4) The county may contract with a licensed service provider to meet the requirements of this section.

#### NEW SECTION

**WAC 275-56-070 COUNTY FISCAL ADMINISTRATION—DISBURSEMENT OF FUNDS ADVANCED BY THE DEPARTMENT.** The county authority shall be responsible for establishing procedures to ensure proper application and use of funds advanced by the department for the community mental health program. The county shall maintain adequate documentation of disbursements of the advance account to subcontracting providers.

#### NEW SECTION

**WAC 275-56-075 COUNTY FISCAL ADMINISTRATION—REVIEW AND APPROVAL OF PROVIDER OR PROVIDERS BUDGET PROPOSALS OR REQUEST OR REQUESTS.** Provider or providers budget proposals or request or requests of the county shall be reviewed and formally approved for funding under the biennial plan. The budget proposed or requested by each provider for state and county mental health funds shall be reviewed for approval by the county authority.

#### NEW SECTION

**WAC 275-56-080 COUNTY FISCAL ADMINISTRATION—SUBMITTAL OF FORMAL, WRITTEN MENTAL HEALTH BUDGET.** In conjunction with the biennial plan, the county authority shall submit a formal, written mental health budget to the department.

(1) The written county budget shall include state and county mental health funds. The written county budget shall categorize estimated revenues and expenses according to the department's uniform account structure.

(2) The written mental health budgets of all providers contracting with the county shall be on file with the county. Provider budgets shall include anticipated revenues from state and county funding for mental health services. The provider budget shall categorize estimated revenues and expenses according to the department's uniform account structure.

(3) The written county budget shall be submitted to the department together with the county's biennial plan.

NEW SECTION

**WAC 275-56-085 COUNTY FISCAL ADMINISTRATION—REVIEW AND APPROVAL OF BUDGET AND REVISIONS.** The county mental health budget and all material budget revisions shall be reviewed and formally approved.

(1) The written county budget for state and county mental health funds shall be reviewed and approved by the county authority prior to submission of the budget to the department for the department's approval.

(2) All material adjustments to the county budget for state and county mental health funds shall be reviewed and approved by the county authority and the department.

(3) All county requests, including program plans, for federal funding to support any aspect of the mental health program shall be submitted to the department for prior review and approval before the request is submitted to any federal agency.

NEW SECTION

**WAC 275-56-090 COUNTY FISCAL ADMINISTRATION—ACCOUNTING RECORDS.** Accounting records shall adequately identify the sources and applications of state and county mental health funds.

(1) All revenues shall be clearly identified by the revenue account numbers required by the department.

(2) All expenses shall be recorded in a manner to show the department-defined budget category charged.

NEW SECTION

**WAC 275-56-095 COUNTY FISCAL ADMINISTRATION—SUPPORTING DOCUMENTATION.** Accounting records shall be supported by properly executed accounting documents. Records, supporting documentation, and statistical records shall be retained for a period of five years, with the following qualifications:

(1) If any litigation, claim, or audit is started before the expiration of the five-year period, the records shall be retained until all litigations, claims, or audit findings involving the records have been resolved.

(2) Records for nonexpendable property acquired shall be retained for five years after final disposition.

NEW SECTION

**WAC 275-56-100 COUNTY FISCAL ADMINISTRATION—REPORTING TO THE DEPARTMENT.** The county mental health fiscal management system shall include a reporting mechanism providing information regarding the fiscal performance of the county program.

(1) The county shall submit an original and one copy of the department-required financial report to the department on a semiannual basis.

(2) The semiannual financial report shall account for all mental health funds included in the county's contract with the department.

(3) The semiannual financial report shall be due in the department within forty days following the end of each reporting period.

NEW SECTION

**WAC 275-56-105 COUNTY FISCAL ADMINISTRATION—AUDITABILITY OF COUNTY MENTAL HEALTH FINANCIAL RECORDS.** All county mental health financial records shall be maintained to enable an audit of mental health funds.

(1) All county mental health financial records of mental health funds provided to the county by the department shall be maintained in an auditable format.

(2) County mental health financial records shall be available for audit upon request by the department or the department's designated audit agent.

NEW SECTION

**WAC 275-56-110 COUNTY FISCAL ADMINISTRATION—BIENNIAL FISCAL AUDIT OF LICENSED SERVICE PROVIDERS.** The county authority shall be responsible for performing a biennial fiscal audit of each licensed service provider receiving state and county funds.

(1) The biennial audit shall be conducted in accordance with applicable, generally accepted auditing standards (GAAS).

(2) Documentation shall verify that the reports of such audits have been reviewed by the responsible authority of the provider and by the county authority.

(3) The biennial audit shall be completed within twelve months following the end of the department's biennium.

(4) The county shall notify the department of any audit findings indicating the provider is not in compliance with the county's contract or with minimum standards for community mental health programs.

(5) On agreement between the county and the provider, the provider may have an independent audit performed to meet the requirements of the biennial county audit.

(6) Where state and county mental health funds can be separated from other funds, the county biennial audit shall apply only to state and county mental health funds. Otherwise the county shall perform a biennial fiscal audit of all mental health funds of the provider agency.

NEW SECTION

**WAC 275-56-115 LICENSING PROCEDURES FOR PROVIDERS—APPLICABILITY OF MINIMUM STANDARDS FOR COMMUNITY MENTAL HEALTH PROGRAMS.** Providers (excluding individual providers licensed under chapter 18.71, 18.83 or 18.88 RCW) shall be licensed by the department according to minimum standards for community mental health programs in order to receive state and county mental health funds.

(1) The following provider entities are subject to compliance with minimum standards for community mental health programs:

(a) Any profit or nonprofit private or public corporation employing three or more staff to provide services under contract to a county or to the department,

(b) Any mental health program composed of one or more public employees,

(c) Any unincorporated individual or group of individuals licensed under chapter 18.71, 18.83 or 18.88 RCW employing one or more staff to provide services under contract to a county or the department,

(d) Any unincorporated individual employing staff licensed under chapter 18.71, 18.83 or 18.88 RCW to provide services under contract to a county or the department.

(2) Providers contracting for all of the services required of the county program by the Community Mental Health Services Act shall meet all minimum standards for organizational administration, services administration, and services.

(3) Where the provider contracts for some but not all mental health services, the department shall determine the minimum standards for services administration and services applicable to the contracted services. All provider organizations shall meet all minimum standards for organizational administration.

(4) Where a provider is part of a superordinate structure (e.g., county, hospital, university), the standards for community mental health shall apply only to the community mental health component of that structure.

(5) Where a provider is able to separate contracted mental health services for the acutely mentally ill, chronically mentally ill, and seriously disturbed from mental health services provided other client populations, the community mental health standards shall apply only to the contracted services.

(a) The provider shall demonstrate to the department's satisfaction the contract services are distinct from other services with respect to the following criteria:

- (i) Budget,
- (ii) Revenue and expense accountability,
- (iii) Staffing,
- (iv) Identification in the organizational structure,
- (v) Fiscal auditability, and
- (vi) Planning.

(b) Standards for organizational administration of the provider shall apply to the administration of the entire organization.

(6) Exemptions, unless otherwise stated in chapter 275-56 WAC, shall be granted only when it is clearly demonstrated that a standard is not applicable to the provider's operations or services; or the provider, after having made every reasonable effort to comply, is prevented by circumstances or conditions from complying; or the staff member for whom the exemption is requested is the best qualified person, by reason of training, experience or demonstrable skills, available for a given position or function.

(a) Exemptions related to provider personnel qualifications may be requested in writing from the department for up to six months from the effective date of these rules.

(b) Requests for exemption from a standard shall be submitted in writing to the department in accordance with exemption procedures established by the department.

(i) Any and all information requested by the department to make a determination regarding the exemption shall accompany the request for exemption.

(ii) The department shall provide a written response to the request for exemption including the department's rationale for approving or disapproving the request.

(iii) The department's response to the request for exemption shall be provided in the report of the licensure review prepared by the department and submitted to the provider.

(c) The provider may appeal the department's exemption decision. The appeal shall be made in accordance with WAC 275-56-030(5).

NEW SECTION

WAC 275-56-120 LICENSING PROCEDURES FOR PROVIDERS—LICENSURE REVIEW. The department shall conduct an on-site review of the operations and services of each provider contracting for state and county mental health funds.

(1) The on-site review shall be conducted for the purpose of collecting and analyzing the information necessary for the department to determine whether a provider is in compliance with the standards specified in chapter 275-56 WAC.

(a) The department shall provide forty-five days written notice prior to the date scheduled for the on-site review.

(b) The notice of on-site review shall include specification of the advance information required by the department to conduct the licensure review. This information may include but shall not necessarily be limited to:

- (i) A current organizational chart;
- (ii) Budget for the current fiscal year and revenue and expense report for the previous fiscal year;
- (iii) The provider's most recent plan for services submitted to the county as input to the county biennial plan or the county plan;
- (iv) Statistical data describing the utilization of services and characteristics of the client population served, including acutely mentally ill, chronically mentally ill, seriously disturbed persons, and underserved groups in these priority populations;
- (v) Written descriptions of services;
- (vi) Statement of qualifications of all clinical staff;
- (vii) All written policies and procedures;
- (viii) Board bylaws;
- (ix) Board minutes for the provider's most recent full fiscal year;
- (x) Fee schedule;
- (xi) Staff compensation schedule and job classification scheme;
- (xii) Example letter of recruitment or job announcement;
- (xiii) Affirmation plan and most recent report;
- (xiv) Training plan;
- (xv) Quality assurance program documentation;
- (xvi) Utilization review criteria;
- (xvii) All program evaluation reports produced during the previous two years;
- (xviii) List of emergency resources;
- (xix) Contracts or written agreements with other providers;
- (xx) Extraordinary event records;

(xxi) Drug inspection records,  
 (xxii) Provider brochures describing services to the public,

(xxiii) Statement of client rights.

(2) The provider shall respond to the department's request for information within fifteen days of the date of request. The provider shall include in the response any requests for exemptions from standards.

(3) The department shall prepare a report of the department's licensure review and make the report available to the provider within forty-five days of the last day of the on-site review. The report shall contain at least the following:

(a) Specification of any standards from which the provider has been exempted by the department.

(b) A statement of findings relative to each standard determined applicable by the department.

(c) For each applicable standard, a statement of whether the provider was determined to be in compliance with the standard, and if the provider is not, the reason for noncompliance.

(d) A description of action the provider must take in order to comply with standards where deficiencies were found.

(e) A statement of whether the provider has met licensure requirements and, if licensure is achieved, the services the provider is licensed to provide.

#### NEW SECTION

**WAC 275-56-125 LICENSING PROCEDURES FOR PROVIDERS—LICENSURE STATUS.** (1) The department shall, based on findings of a licensure review, assign the provider one of the following licensure statuses:

(a) Licensed:

(i) Under this status the provider is licensed to receive state and county mental health funds for the provider services reviewed by the department.

(ii) The department may require the provider to submit and implement a plan of correction to resolve deficiencies not seriously impairing the quality of care provided by the provider. The department may revoke the license if the provider does not implement the provider's plan of correction.

(iii) The department may conduct a new licensure review at any time the department has reason to believe the provider has not continued to comply with minimum standards for community mental health programs.

(iv) The department may revoke the license if the review yields clear and cogent evidence that the provider is not in compliance.

(b) Probationary licensure:

(i) Under this status the provider is licensed to receive state and county mental health funds for the services reviewed by the department and on the conditions specified by the department.

(ii) To achieve full licensure the provider shall demonstrate to the department the provider has met the conditions of the probationary status.

(iii) The provider shall request the department review the provider's corrective actions within six months of the

notification of licensure status or the probationary status shall be revoked.

(iv) The department shall review the provider's corrective actions and make a determination of licensure status within six months of the date of the provider's request for review.

(v) Probationary status shall only be assigned a provider as an outcome of the department's first licensure review of a provider service.

(c) Provisional licensure:

(i) Provisional licensure shall be given all providers contracting for state and county mental health funds as of the effective date of chapter 275-56 WAC.

(ii) Provisional licensure shall remain in effect until notification of licensure status resulting from the department's first licensure review of the provider or until two years following the effective date of chapter 275-56 WAC.

(iii) Following the department's first licensure review the provider shall have the licensure status assigned by the department.

(2) State and county funding shall be terminated if the provider fails to attain licensure or probationary licensure.

(a) In the event the provider fails to attain licensure status, state and county funding shall be terminated thirty days following the department's notification to the provider of such failure.

(b) In the event the provider is assigned a probationary status and the provider does not request a review of the provider's corrective actions within six months of notification of probationary status, state and county funding shall be terminated within thirty days of the last day of that six-month period.

(c) In the event the provider is assigned a probationary status and the department determines, following the provider's request for review of corrective actions, the provider has failed to meet the conditions of the probationary status, state and county funding shall be terminated within thirty days of the department's notification of such failure.

(3) Providers failing to attain licensure may reapply no earlier than six months following the date of the department's notification the provider has failed to attain licensure.

(a) The application shall document the actions the provider has taken to correct deficiencies.

(b) If the application sufficiently demonstrates the provider has made every reasonable effort to correct deficiencies, the department shall schedule a licensure review to evaluate standards where the provider was out of compliance.

(4) The department shall relicense each licensed provider every two years.

#### NEW SECTION

**WAC 275-56-130 LICENSING PROCEDURES FOR PROVIDERS—APPEALS OF THE DEPARTMENT'S LICENSING DECISION.** The provider may appeal the department's licensing decision within thirty days of notification of the decision.

(1) The appeal shall be made in accordance with the Administrative Procedure Act, chapter 34.04 RCW.

(2) In the event of an appeal, state and county funding shall not be determined until thirty days following the notice of the appeal decision by the department.

#### NEW SECTION

**WAC 275-56-135 PROVIDER ADMINISTRATION—POLICIES AND PROCEDURES.** The provider shall have written policies and procedures for operations and administration.

(1) The provider's policies and procedures shall be available in manual form and shall include:

- (a) Fiscal administration,
- (b) Personnel management,
- (c) Affirmative action,
- (d) Staff training,
- (e) Volunteer and student services,
- (f) Quality assurance,
- (g) Client rights,
- (h) Client records,
- (i) Client entry, service planning, operations, and
- (j) Services.

(2) The manual shall be available to the board of directors and provider staff.

(3) The manual shall be reviewed and updated at least annually.

#### NEW SECTION

**WAC 275-56-140 PROVIDER ADMINISTRATION—BOARD OF DIRECTORS.** The provider agency shall have a board of directors.

(1) If incorporated, the provider agency shall have a board of directors legally constituted in accordance with the laws of incorporation of the state of Washington.

(2) If the provider is part of a superordinate structure (e.g., county, hospital, university) an advisory board may be established in place of a board of directors.

#### NEW SECTION

**WAC 275-56-145 PROVIDER ADMINISTRATION—RESPONSIBILITIES OF THE BOARD OF DIRECTORS.** The board of directors shall have authority over all policies of the provider.

(1) The board of directors shall be responsible for establishing policies of the provider.

(2) The board of directors shall approve the provider's total budget.

(3) The board of directors shall approve the provider's biennial plan and budget for services proposed for state and county funding. The board of directors shall approve the provider's contract with the county for mental health services. The contract shall be signed by the board of directors indicating approval of the contract.

(4) The roles and responsibilities of the board of directors will be defined in the board bylaws.

(5) If the provider is part of a superordinate structure (e.g., county, hospital, university) and has established an advisory board in place of a board of directors, the advisory board shall function in accordance with the policies

set by the board of directors of the governing organization.

#### NEW SECTION

**WAC 275-56-150 PROVIDER ADMINISTRATION—DESIGNATION OF ADMINISTRATOR.** The provider shall designate an administrator responsible to the board of directors for administration of the provider's mental health services.

(1) The responsibilities of the administrator shall include the acquisition, control, utilization, and planning for the physical, human, and financial resources of the provider.

(2) The administrator may be the president, executive director, or chief executive officer. In a subordinate structure, the administrator may be the director or coordinator of mental health services responsible to an administrator at a higher level in the structure.

#### NEW SECTION

**WAC 275-56-155 PROVIDER ADMINISTRATION—POLICY FORMULATION.** The administrator shall assist the board of directors in formulating policy.

(1) The administrator shall periodically review the following items with the board of directors:

- (a) Long- and short-term plans,
- (b) Nature and extent of funding and other available resources,
- (c) Description of the operations of each program,
- (d) Efficiency and effectiveness of programs,
- (e) Budget and financial statements,
- (f) Personnel policies, procedures, and problem areas,
- (g) Results of quality of care and utilization reviews,
- (h) Compliance with the county contract including the results of program and fiscal audits.

(2) The administrator shall be responsible for implementing policies established by the board of directors.

(3) In a superordinate structure, the administrator may function in accordance with the roles and responsibilities established for the administrator position by the governing organization.

#### NEW SECTION

**WAC 275-56-160 PROVIDER ADMINISTRATION—ORGANIZATIONAL STRUCTURE.** The provider shall have an organizational structure specifying lines of authority and responsibility. The provider shall have an organizational chart identifying all programs and program interrelationships and lines of authority including the board of directors, administrator, administrative staff, program managers, and line staff positions.

#### NEW SECTION

**WAC 275-56-165 PROVIDER ADMINISTRATION—SERVICE DELIVERY PLAN AND BUDGET.** The provider shall prepare a service delivery plan (or proposal) and budget as input to the county's biennial plan.

(1) The plan or proposal shall specify measurable goals and objectives.

(2) The plan or proposal shall describe the consumer population served.

(3) The plan or proposal shall describe methods of service delivery the program will utilize to attain the program's goals and objectives.

(4) The plan or proposal shall include a projected biennial budget prepared in accordance with WAC 275-56-080(2).

(5) The plan or proposal and budget shall be submitted to the board of directors for approval prior to submission to the county.

(6) The plan or proposal and budget shall be submitted to the county to request state and county mental health funds in the next biennium.

(7) In counties providing all mental health services directly, the county's biennial plan may constitute the provider's plan for service delivery.

#### NEW SECTION

WAC 275-56-170 PROVIDER FISCAL ADMINISTRATION—FISCAL POLICIES AND PROCEDURES. The current fiscal policies and procedures of the provider shall be available in written form. Policies and procedures shall be defined in the following areas:

- (1) Accounts receivable,
- (2) Cash receipts and disbursements,
- (3) Accounts payable to include purchasing,
- (4) Payroll,
- (5) General ledger,
- (6) Internal control, and
- (7) Nonexpendable property and equipment.

#### NEW SECTION

WAC 275-56-175 PROVIDER FISCAL ADMINISTRATION—WRITTEN SCHEDULE OF FEES. The provider shall establish a written schedule of fees charged mentally ill clients for direct services.

(1) The provider shall establish a sliding fee schedule based on the resources available to the client to pay for mental health services and the provider's reasonable cost of operating the services.

(a) The fee schedule shall be approved by the department.

(b) The fee schedule shall be accessible to program personnel and clients served by the provider under the provider's contract with the county for state and county mental health funds.

(2) Clients served by the provider under the provider's contract with the county for state available resources and county mental health funds shall be charged according to the sliding fee schedule. If clients served by the provider under the provider's contract with the county cannot be identified separately from other clients, this section shall apply to all acutely mentally ill, chronically mentally ill, and seriously disturbed clients.

#### NEW SECTION

WAC 275-56-180 PROVIDER FISCAL ADMINISTRATION—PROCEDURES TO MAXIMIZE REVENUES. The provider shall establish procedures to maximize revenues.

(1) Fees shall be charged to third parties whenever possible.

(2) Reasonable efforts shall be made to collect private fees.

(3) Fees shall be charged for consultation and education whenever possible.

(4) Noncash credits to receivables shall be approved by an appropriate administrative authority.

(5) All receipts shall be deposited promptly and intact.

(6) All services rendered shall be recorded and shall be billed as appropriate.

#### NEW SECTION

WAC 275-56-185 PROVIDER FISCAL ADMINISTRATION—BUDGET OF EXPECTED REVENUES AND EXPENSES. The provider shall prepare a formal, written budget of expected revenues and expenses. The written budget shall categorize revenues and expenditures by source. The written budget shall also categorize expenses by the types of services and/or program components provided.

#### NEW SECTION

WAC 275-56-190 PROVIDER FISCAL ADMINISTRATION—REVIEW AND APPROVAL OF BUDGET AND REVISIONS BY BOARD OF DIRECTORS. The written budget and all material budget revisions shall be reviewed and formally approved.

(1) The written budget shall be reviewed and approved by the board of directors prior to the beginning of the next fiscal year of operation.

(2) All material adjustments to the budget shall be reviewed and approved by the board of directors. All material adjustments to the budget for state available resources and county mental health funds shall be reviewed and approved by the county authority and the department.

#### NEW SECTION

WAC 275-56-195 PROVIDER FISCAL ADMINISTRATION—ACCOUNTING SYSTEM. The provider shall maintain an appropriate accounting system for administration of financial resources. The provider shall maintain the accounting system in accordance with applicable, generally accepted accounting principles (GAAP).

#### NEW SECTION

WAC 275-56-200 PROVIDER FISCAL ADMINISTRATION—SOURCES AND APPLICATIONS OF FUNDS. Accounting records shall identify adequately the sources and applications of funds.

(1) All revenues shall be clearly identified by source of revenue.

(2) All expenses shall be recorded in a manner to clearly show the budget category charged.

(3) Revenues and expenditures shall be segregated to permit ready accountability to all funding sources.

#### NEW SECTION

**WAC 275-56-205 PROVIDER FISCAL ADMINISTRATION—DOCUMENTATION AND RETENTION OF ACCOUNTING TRANSACTIONS.** Accounting transactions shall be supported by properly executed accounting documents.

(1) All records and justification required by administrative, funding, licensing, or accrediting bodies shall be maintained and provided.

(2) Financial records, supporting documentation, and statistical records shall be retained for a period of five years, with the following qualifications:

(a) If any litigation, claim, or audit is started before the expiration of the five-year period, the records shall be retained until all litigations, claims, or audit findings involving the records have been resolved.

(b) Records for nonexpendable property acquired shall be retained for five years after final disposition.

#### NEW SECTION

**WAC 275-56-210 PROVIDER FISCAL ADMINISTRATION—FISCAL MANAGEMENT SYSTEM REPORTING.** The provider's fiscal management system shall maintain a reporting mechanism providing information regarding the fiscal performance of the program.

(1) Complete fiscal reports shall be prepared and provided to funding agencies as required.

(2) Regular and comprehensive financial reports shall be compiled at least quarterly for the board of directors.

(3) Financial statements shall be prepared at least annually in conformity with generally accepted accounting principles and shall be available.

(4) The provider shall submit to the county at least semiannually revenue and expense reports for state available resources and county mental health funds based on the department required account structure. The quarterly revenue and expense reports shall include the relationship of the budget to actual revenue and expenditure.

#### NEW SECTION

**WAC 275-56-215 PROVIDER FISCAL ADMINISTRATION—INDEPENDENT AUDIT OF FINANCIAL OPERATIONS.** The provider's financial operations shall receive an independent audit at least biennially.

(1) The audit shall be conducted in accordance with generally accepted auditing standards (GAAS).

(2) Documentation shall verify the reports of such audits have been reviewed by the board of directors.

(3) The audit shall be completed with twelve months following the end of the provider's biennium.

(4) The county biennial fiscal audit of the provider may be used to meet the audit requirements of this section.

#### NEW SECTION

**WAC 275-56-220 PERSONNEL MANAGEMENT—HIRING PRACTICES.** Hiring practices shall be consistent with position requirements. Recruitment and hiring of personnel shall be based upon criteria demonstrably related to the job description for the position under consideration.

#### NEW SECTION

**WAC 275-56-225 PERSONNEL MANAGEMENT—COMPENSATION SCHEDULE.** The provider shall have a compensation schedule covering all positions.

(1) Job classifications shall be established for each job title defined within the organizational structure of the provider.

(2) A compensation schedule for each job classification shall be established by the provider or through collective bargaining.

#### NEW SECTION

**WAC 275-56-230 PERSONNEL MANAGEMENT—PERSONNEL RECORDS.** The provider shall maintain personnel records for all staff members.

(1) A personnel record shall be kept on file by the provider for each staff member.

(2) The personnel record shall contain:

(a) Documentation verifying education, experience, and the clinical training of the staff member;

(b) Verification of required licensure or certification;

(c) Job description;

(d) Documentation of continuing education including in-service training;

(e) Documentation of performance evaluations;

(f) Written results of disciplinary action;

(g) Written results of hearings regarding either personnel or client grievances;

(h) Documentation of the staff member's review of client rights.

(3) Staff members shall have the right to review the contents of the staff member's personnel record with the exception of references, recommendations, or other confidential material obtained from a third party.

#### NEW SECTION

**WAC 275-56-235 PERSONNEL MANAGEMENT—PERFORMANCE EVALUATION.** The job performance of each staff member shall be evaluated at least annually.

(1) Performance evaluation criteria shall be developed to assess the degree each staff member is performing the tasks described in his or her job description and the degree he or she possesses the skills, knowledge, and attitudes defined by the job description for the position.

(2) Performance evaluations shall be conducted at the end of the staff member's initial probationary employment and at least annually thereafter unless otherwise agreed to in collective bargaining.

(3) The staff member shall have the opportunity to review his or her performance evaluation and make



written comments to be kept on file in his or her personnel record.

(a) The supervisor conducting the evaluation shall sign the evaluation.

(b) The staff member shall sign the performance evaluation to indicate he or she has reviewed the performance evaluation.

(c) The staff member shall have the opportunity to appeal his or her performance evaluation.

#### NEW SECTION

**WAC 275-56-240 PERSONNEL MANAGEMENT—STAFF QUALIFICATIONS.** All direct treatment services shall be provided and supervised by staff members with the appropriate clinical qualifications.

(1) All direct treatment services shall be provided by a mental health professional or shall be under the clinical supervision of a mental health professional defined as follows:

(a) A psychiatrist licensed pursuant to chapter 18.71 RCW or a psychologist licensed pursuant to chapter 18.83 RCW; or

(b) A person having at least a masters degree in the social work, behavioral, medical or nursing sciences from an accredited college or university and having at least two years experience in the direct treatment of mentally ill clients under supervision of a mental health professional; or

(c) A person professionally registered or certificated (e.g., nurse, occupational therapist, physical therapist) having at least a bachelors degree and two years experience in working with mentally ill clients under supervision of a mental health professional. Such a person shall be defined as a mental health professional only when working within the skill areas for which he or she is registered or certificated.

(2) Clinical staff members not mental health professionals, providing direct treatment services shall have:

(a) At least a bachelors degree in the social, behavioral, or medical sciences from an accredited college or university and one year of experience in the direct treatment of mentally ill clients under supervision of a mental health professional; or

(b) At least three years experience in the treatment of mentally ill clients under supervision of a mental health professional; or

(c) A combination of education and experience equivalent to the qualifications specified in subsections (2)(a) and (b) of this section.

(d) Exemptions to subsections (2)(a) and (b) of this section may be requested in writing from the department in accordance with exemption procedures established by the department.

(3) A staff member not meeting the qualifications stated in subsection (1) or (2) of this section, shall only provide direct treatment, screening, or support services under the following conditions:

(a) The staff member has been screened by a mental health professional and determination has been made he

or she possesses the skills necessary to work with the client population to be served, and in the identified function to be performed; and

(b) The staff member provides services under the following conditions:

(i) As a case manager only; and/or

(ii) As a treatment aide providing direct treatment services as a member of and under the supervision of an organized treatment team; and/or

(iii) As a screener; and/or

(iv) As a trainee having at least a bachelors degree in the social, behavioral, or medical sciences from an accredited college or university.

#### NEW SECTION

**WAC 275-56-245 PERSONNEL MANAGEMENT—CLINICAL SUPERVISION.** All persons providing direct treatment services shall receive appropriate clinical supervision.

(1) Clinical supervision shall be provided by a mental health professional. Exemptions to this requirement may be requested in writing from the department for a period of up to six months following the effective date of chapter 275-56 WAC and in accordance with exemption procedures established by the department.

(2) Full-time clinical staff members who are mental health professionals providing direct treatment services shall receive at least one hour per week of clinical supervision and/or consultation (proportionately less time is required for part-time staff).

(a) Supervisory relationships shall be based upon the provider agency's organizational chart.

(b) Persons with medical and/or overall clinical responsibilities shall receive appropriate peer consultation.

(3) Full-time clinical staff members meeting the qualifications of WAC 275-56-240(2) and providing direct treatment services shall receive at least two hours per week of clinical supervision from a mental health professional (proportionately less time is required for part-time staff).

(4) Full-time clinical staff members meeting only the qualifications stated in WAC 275-56-240(3) and providing direct treatment services shall receive at least three hours per week of clinical supervision from a mental health professional (proportionately less time is required for part-time staff).

(5) Volunteers and students who are mental health professionals providing direct treatment services, shall receive at least one hour of clinical supervision from a mental health professional for every sixteen hours of direct service provided.

(6) Volunteers and students not mental health professionals providing direct treatment services, shall receive at least one hour of clinical supervision from a mental health professional for every five hours of direct services provided. Volunteers and students providing telephone screening or telephone crisis counseling shall not be subject to this subsection, given clinical supervision is available directly, by telephone, or by radio communication at all times.

(7) Clinical backup by a mental health professional in person, by telephone, or by radio communication shall be available at all times service is being provided.

(8) Where required by law, specialized services (e.g., medical examinations, psychiatric evaluations, psychological and neuropsychological testing and evaluations, neurological examinations, nursing services, occupational therapy, physical therapy, etc.) shall be provided or supervised by appropriately licensed or credentialed persons in accordance with respective professional standards.

#### NEW SECTION

**WAC 275-56-250 PERSONNEL MANAGEMENT—QUALIFICATIONS APPROPRIATE TO THE NEEDS OF THE CLIENT POPULATION.** The clinical qualifications of provider staff members providing and/or supervising treatment services shall reflect the needs of the client population.

(1) Services to persons acutely mentally ill, chronically mentally ill, or seriously disturbed shall be provided by or under the supervision of a mental health professional with at least two years of experience in treatment of such clients.

(2) Services directed to persons under age eighteen shall be provided by or under the supervision of a child mental health specialist defined as follows:

(a) A mental health professional having completed a minimum of one hundred actual hours (not quarter or semester hours) of specialized training devoted to the study of child development and the treatment of children; and

(b) Having the equivalent of one year of full-time experience in the treatment of children under the supervision of a child mental health specialist.

(3) Services directed to persons of ages eighteen through fifty-nine shall be provided by or under the supervision of a mental health professional with at least one year of full-time, supervised experience in the treatment of adults.

(4) Services directed to persons sixty years of age or over shall be provided by or under the supervision of a geriatric mental health specialist defined as follows:

(a) A mental health professional having completed a minimum of one hundred actual hours (not quarter or semester hours) of specialized training devoted to the study of problems and treatment of the elderly; and

(b) Having the equivalent of one year of full-time experience in the treatment of the elderly, under the supervision of a geriatric mental health specialist.

(5) Services directed to minority persons who are members of a minority group constituting three thousand persons or three percent or more of the county's population shall be provided by or under the supervision of a minority mental health specialist defined as follows:

(a) A mental health professional having completed a minimum of one hundred actual hours (not quarter or semester hours) of specialized training devoted to the study and treatment of minority persons; and

(b) Having the equivalent of one year of full-time experience in the treatment of persons in the minority group he or she serves. Such experience shall have been

supervised by a mental health professional and shall have included consultation with minority providers or community leaders who are members of the minority group served.

(6) Exemptions to subsections (1) through (5) of this section may be requested in writing from the department for a period of up to six months after the effective date of these rules. Exemptions beyond the six-month period may be requested to waive academic but not experiential requirements. Exemptions shall be requested in accordance with exemption procedures established by the department.

#### NEW SECTION

**WAC 275-56-255 PERSONNEL MANAGEMENT—ADMINISTRATIVE QUALIFICATIONS.** Provider administration shall be provided by staff members with the appropriate administrative qualifications.

(1) The staff member with administrative responsibility shall have at least a masters degree in a social, behavioral, medical, nursing, or administrative discipline from an accredited college or university, and a minimum of two years administrative experience in human services related to community mental health. Graduation from an eighteen-month program of training sponsored by the national institute of mental health to train mental health administrators may be substituted for the masters degree requirement.

(2) The staff member with responsibility for provider clinical services shall be a mental health professional with at least five additional years of experience in a variety of mental health services, with at least two years in a supervisory capacity.

(3) Exemptions to subsections (1) and (2) of this section may be requested in writing from the department for a period of up to six months from the effective date of these standards and in accordance with exemption procedures established by the department.

#### NEW SECTION

**WAC 275-56-260 PERSONNEL MANAGEMENT—NONDISCRIMINATORY HIRING, COMPENSATION, AND PROMOTION.** Hiring, compensation, and promotion shall be nondiscriminatory on the basis of sex, race, age, disability, creed, marital status, and national origin.

(1) All advertisements and general letters of recruitment shall stipulate conditions of employment and opportunities for promotion are without regard to sex, race, age, disability, creed, marital status, or national origin. Sex may be designated as a job requirement only when established as a bona fide occupational qualification by the U.S. Equal Employment Opportunities Commission.

(2) Procedures for filing discrimination complaints shall be publicly visible and available.

(3) All staff members having the same job classification and equivalent qualifications shall be identified within the same salary range for the purpose of compensation.

(4) Job applicants shall not be requested for information describing the applicant's sex, race, age, creed,

marital status, or national origin without assurance this information is optional and shall not be considered in the decision to hire.

#### NEW SECTION

**WAC 275-56-265 PERSONNEL MANAGEMENT—AFFIRMATIVE ACTION.** The provider agency shall take affirmative action to ensure personnel policies and procedures correct effects of past discrimination and result in equal employment opportunities.

(1) The provider shall have an affirmative action program consistent with a policy of nondiscrimination and designed to correct and prevent the effects of discrimination in all conditions of employment.

(2) The affirmative action policy and program shall comply with Title VII of the Civil Rights Act of 1964, the Equal Pay Act of 1963, Section 504 of the 1974 Rehabilitation Act, the department's affirmative action guidelines, and other applicable federal, state, and local laws and regulations.

(3) For providers employing fifteen or more persons, the affirmative action program shall consist of, at least, the following elements:

(a) An analysis of the total provider work force as compared with data on the availability of qualified women and minorities in the local, state, regional or national labor force from where each position is recruited.

(b) Identification of existing discrepancies in employment, assignment or compensation of women and minorities based upon the work force analysis.

(c) Numerical goals for hiring, retention, and promotion of women, minorities, and disabled persons designed to correct discrepancies.

(d) A program modifying and/or enhancing personnel policies and procedures in order to meet affirmative action goals and to ensure continuing nondiscrimination.

(e) Assignment of responsibility for the program to one staff member with sufficient authority to effect changes.

(f) Monitoring, evaluation, and reporting of goal achievement at least twice a year.

(g) Dissemination of information on the provider's affirmative action program to staff, consumers, and the community.

#### NEW SECTION

**WAC 275-56-270 PERSONNEL MANAGEMENT—CONFLICT OF INTEREST.** Members of the board of directors and provider staff shall not enter into a conflict of interest with the member's position in the provider agency.

(1) Board and staff members also employed in private practice shall not enter into a conflict of interest as employees of the provider.

(a) The provider's facilities or services shall not be used in support of a board or staff member's private practice unless the board or staff member compensates the provider at a reasonable and customary rate.

(b) Board or staff members in private practice shall not recruit clients away from the provider.

(c) Board or staff members in private practice shall not be given preference for client referral made outside the provider agency.

(d) No private practice or other activity shall be conducted during hours when the staff member is being paid a salary by the provider.

(2) The provider shall not hire persons related by blood or marriage to existing staff or board members unless:

(a) The position has been advertised in accordance with personnel and affirmative action procedures; and

(b) It can be demonstrated no other applicant was more qualified to perform the job as advertised.

(c) Subsection (2) of this section does not apply to staff members marrying after being hired by the provider.

#### NEW SECTION

**WAC 275-56-275 PERSONNEL MANAGEMENT—TRAINING PLAN.** The provider shall have a training plan reviewed and updated annually.

(1) The annual plan shall address the training needs of clinical, administrative, clerical staff, and volunteers providing direct services, shall correspond to the particular service needs and ethnic composition of the provider's service area, and shall include the following components:

(a) Annual needs assessment and prioritization of training needs;

(b) Designation of person responsible for implementing the plan;

(c) Method of evaluation of training received.

(2) The annual plan shall include priorities for in-service training of appropriate staff in at least the following areas:

(a) Identification of suicide potential and appropriate preventive actions;

(b) Identification of the need for medical evaluation and/or consultation;

(c) Prevention and control of violent and aggressive behavior.

#### NEW SECTION

**WAC 275-56-280 PERSONNEL MANAGEMENT—TRAINING OPPORTUNITIES.** Training opportunities shall be made available to administrative, clinical, clerical staff, and volunteers.

(1) Training opportunities shall be made available to administrative, clinical, clerical staff, and volunteers through in-service programs and/or training programs offered outside the provider agency.

(a) Each full-time clinical staff member shall receive a minimum of forty hours of training per year without loss of pay (proportionately less time shall be received by part-time clinical staff).

(b) Volunteers and/or students providing telephone screening or telephone crisis counseling shall receive a minimum of forty hours training per year, relevant to telephone screening or telephone crisis counseling.

(c) Training shall consist of:

(i) Formal in-service training;

(ii) Training outside the provider agency such as workshops and conferences.

(2) Training provided through in-service programs or released-time agreements shall be consistent with needs identified in the annual training plan.

(3) All training received by staff and volunteers shall be documented.

NEW SECTION

WAC 275-56-285 PERSONNEL MANAGEMENT—VOLUNTEER AND STUDENT SERVICES. Volunteers and students providing direct treatment services shall be under the clinical supervision of staff of the program utilizing the volunteers' and students' services.

(1) A staff member of the program shall be designated to provide clinical supervision to the volunteer and/or student.

(2) Volunteers and/or students shall be utilized on treatment teams only in conjunction with appropriate clinical staff.

(3) Volunteer and/or student access to client records shall only be given when disclosure is necessary for treatment.

NEW SECTION

WAC 275-56-290 QUALITY ASSURANCE—POLICIES AND PROCEDURES. The provider's current policies and procedures for quality assurance shall be available in written form. Policies and procedures shall include the following areas:

- (1) Utilization review,
- (2) Quality of care assessment, and
- (3) Clinical record completeness.

NEW SECTION

WAC 275-56-295 QUALITY ASSURANCE—QUALITY OF CARE REVIEW. A quality of care review process shall be established for all provider services.

(1) The quality of care review shall objectively assess the progress, outcome, and complications resulting from treatment.

(a) The review shall be conducted by a person or persons not participating in treatment of the case under review. The review may be conducted by an outside consultant.

(b) Where the review is conducted by a single clinician, he or she shall be a mental health professional.

(c) At least one mental health professional shall participate where more than one clinician conducts the review.

(d) At least fifteen cases or five percent, whichever is larger, of the provider's open cases shall be randomly sampled each quarter and reviewed for quality of care.

(i) The sample shall be stratified to:

(A) Represent each mental health service each quarter,

(B) Represent at least one case from each therapist every six months.

(ii) The cases shall represent acutely mentally ill, chronically mentally ill, and seriously disturbed persons.

(2) The quality of care review shall result in a determination of whether:

(a) The client's treatment history, medical history, psychosocial history, support systems, and presenting problems support the diagnosis and problems specified for treatment;

(b) The treatment plan is appropriate to the diagnosis and problems identified for treatment;

(c) Treatment goals follow from identified problems, identify the expected outcome of treatment, and can be realistically achieved;

(d) Case progress indicates the goals of treatment, including outcome, have been or shall be achieved.

(3) Client records shall be accurate and complete and shall contain the information necessary to conduct the quality of care review.

NEW SECTION

WAC 275-56-300 QUALITY ASSURANCE—QUALITY CARE CORRECTIVE ACTIONS. Corrective actions shall be recommended where a quality of care review indicates inappropriate clinical care.

(1) Corrective actions shall be considered for:

(a) Redefinition of the client's problems and/or diagnosis;

(b) Revision of the treatment plan and/or goals of treatment;

(c) Reassignment of the staff member or members or participating in treatment of the client;

(d) Staff training;

(e) Revision of policies and procedures.

(2) Recommendations for corrective action shall be submitted to the primary therapist, case manager, clinical supervisor, appropriate program manager, clinical director, and/or chief administrator.

(3) Action taken in regard to an individual client and on the basis of recommendations resulting from the quality of care review shall be documented in the client's record. Such documentation shall include the rationale for the action taken, including, if applicable, why the goals of treatment were not being achieved.

(4) A summary of the results of quality care reviews, including recommendations for corrective action, shall be presented to the board of directors at least annually.

NEW SECTION

WAC 275-56-305 QUALITY ASSURANCE—UTILIZATION REVIEW CRITERIA. Written criteria shall be employed for utilization review.

(1) Utilization review criteria shall be established for all provider services.

(2) Utilization review criteria shall be established for:

(a) Admissions,

(b) Length of stay,

(c) Continuation of treatment, and

(d) Medication utilization.

(3) Cases not meeting utilization review criteria shall be reviewed by at least one mental health professional not participating in treatment of the client and authorized to require a change in utilization of services.

(4) Utilization review criteria shall be revised and/or updated at least annually.

(5) Client records shall be accurate, complete, and shall contain the information necessary to conduct utilization review.

#### NEW SECTION

**WAC 275-56-310 QUALITY ASSURANCE—UTILIZATION OF REVIEW PROCEDURES.** The provider shall demonstrate appropriate utilization of provider services.

(1) A random sample of at least thirty cases or ten percent, whichever is larger, of the provider's open cases shall be reviewed quarterly for appropriateness of admission, program assignment, and projected length of stay.

(a) The review shall be conducted within thirty days of the date of intake.

(b) The sample shall be stratified to:

(i) Represent each mental health service each quarter,

(ii) Represent at least one case from each therapist every six months.

(c) The sample shall be drawn from acutely mentally ill, chronically mentally ill, and seriously disturbed cases.

(2) The primary therapist and/or his or her clinical supervisor shall assess the client's need for continuation in treatment with respect to the length of stay objective specified in the treatment plan and will assess medication utilization. The assessment shall be conducted for all cases and in accordance with the schedule specified in the treatment plan for the review of progress, or:

(a) At least every ninety days in the case of outpatient, day treatment, and residential services;

(b) At least weekly for inpatient services.

#### NEW SECTION

**WAC 275-56-315 QUALITY ASSURANCE—UTILIZATION REVIEW CORRECTIVE ACTIONS.** Corrective actions shall be recommended where a utilization review indicates inappropriate patterns of service.

(1) Corrective actions shall be considered for the following areas:

(a) Treatment plan revision,

(b) Program transfer or termination,

(c) Staff training,

(d) Revision of policies and/or procedures, and

(e) Adjustment in staffing patterns.

(2) Recommendations for corrective action shall be submitted to the primary therapist, clinical supervisor, appropriate program manager, clinical director, and/or chief administrator.

(3) The action taken as a result of a recommendation for corrective action shall be documented and reviewed with the chief administrator.

(4) A summary of utilization reviews, including recommendations for corrective action, shall be presented to the board of directors at least annually.

#### NEW SECTION

**WAC 275-56-320 PROGRAM EVALUATION—PROGRAM GOALS AND OBJECTIVES.** The provider shall have a system for determining the degree service activities meet current program goals and objectives.

(1) The provider shall have an information system providing relevant, accurate, and timely data for monitoring program goals and objectives. The provider shall maintain sufficient data to report the Washington state mental health information system minimum data set.

(2) The utilization of services (e.g., referral patterns, client characteristics, caseload trends, volume of service delivery) shall be systematically monitored relative to program goals and objectives. A report of progress toward goals and objectives shall be submitted to the county at least quarterly.

(3) The outcome of provider services provided individual clients supported by state and county funding shall be evaluated at least annually.

(a) At least one outcome study shall be in progress at any time. At least two outcome studies shall be conducted annually.

(b) The provider shall conduct outcome evaluation in accordance with the department's guidelines and/or design for such evaluation.

(c) Providers with annual budgets for mental health services of less than three hundred thousand dollars shall not be required to conduct outcome evaluations.

#### NEW SECTION

**WAC 275-56-325 PROGRAM EVALUATION—EVALUATION REPORTS.** Evaluation reports shall be produced at a frequency appropriate to the program activities being monitored.

(1) Reports shall provide data current, accurate, and relevant to program goals and objectives.

(2) Reports shall include recommendations for corrective action where necessary.

(a) Such recommendations shall be submitted to the appropriate program manager, clinical director, and/or chief administrator.

(b) The action taken as a result of a recommendation for corrective action shall be documented and reviewed with the board of directors.

(3) The provider shall utilize program evaluation results in administrative, management, and program planning decisions.

#### NEW SECTION

**WAC 275-56-330 PROGRAM EVALUATION—PROTECTION OF HUMAN SUBJECTS.** An explanation of the use of client data for program evaluation shall be provided to all provider clients.

Program evaluation or research involving human subjects shall be conducted in accordance with RCW 71.05.390 and "Guide to DSHS Policy on Protection of Human Research Subjects", July 1, 1981.

NEW SECTION

WAC 275-56-335 FACILITY CHARACTERISTICS. Provider services shall be provided in a setting safe, comfortable, attractive, and conducive to the attainment of therapeutic goals.

(1) Provider facilities shall meet federal, state, and local requirements, including building, health, and fire codes. These requirements include Section 504 of the 1973 Rehabilitation Act.

(2) Provider facilities shall be characterized by adequate:

- (a) Space,
- (b) Light,
- (c) Ventilation,
- (d) Temperature control, and
- (e) Cleanliness.

(3) There shall be sufficient furniture and equipment for client and staff comfort designed for client age, physical status, and program activities.

(4) Parking lots, entrances, interior doorways, and restroom facilities shall be accessible to physically handicapped persons.

(5) Group therapy rooms shall be of adequate size to accommodate the groups without crowding.

(6) Rooms used for client services shall be fully enclosed, have closing doors, and shall be reasonably soundproofed to reduce both distracting noises and the possibility of conversations being overheard outside the room.

(7) If there is regular provision for the performance of physical examinations within the facility, a suitably equipped examination room shall be available.

(8) All medications (including any drug samples) shall be kept in locked, secure storage.

NEW SECTION

WAC 275-56-340 SERVICES ADMINISTRATION—TEMPORAL ACCESSIBILITY OF SERVICES. Services shall be accessible at times not prohibiting clients from utilizing the services. Services shall be provided regularly on some evenings and/or weekends as determined by utilization patterns. There shall not be protracted waiting periods for services.

NEW SECTION

WAC 275-56-345 SERVICES ADMINISTRATION—ACCESSIBILITY IN NONDISCRIMINATORY MANNER. Services shall be accessible in a nondiscriminatory manner.

(1) The provider shall not deny services on the basis of race, sex, national origin, age, language, disability, creed, marital status, sexual orientation, socioeconomic status, or ability to pay. If the provider does not offer services, the client shall be referred to such services and the provider shall facilitate the referral.

(2) Services to acutely and chronically mentally ill and seriously disturbed clients from underserved populations, including minorities, children, the elderly, disabled, and low-income persons, shall meet the special needs of these populations.

(a) Services shall be culturally and linguistically appropriate and accessible to clients from minority groups numbering at least three thousand in counties of the first order or constituting of least three percent of the population of smaller counties.

(b) Services shall be accessible and acceptable to disabled and low-income persons, to children, and to the elderly.

(i) The provider shall eliminate or substantially reduce physical, communication, and sociocultural barriers to utilization of services by these underserved groups.

(ii) In-home services shall be available to home-bound persons.

(iii) Acceptable services in the form of alternative service delivery models shall be provided when needed to enhance utilization by these underserved groups.

NEW SECTION

WAC 275-56-350 SERVICES ADMINISTRATION—AWARENESS OF SERVICES. The location of the provider and the services offered shall be made known to the public.

(1) The provider shall maintain on-premises signs indicating the location and identification of all the provider's facilities.

(a) When only telephone services are provided, signs shall not have to be displayed.

(b) When services are provided in facilities of another private sector organization (e.g., a church), signs shall not have to be displayed.

(2) The provider shall maintain listings in all telephone and other public directories of the service area.

(3) The provider shall publish and disseminate brochures and other materials describing services and hours of operation. Bilingual publications shall be produced when there is a non-English speaking group residing in the area and the group exceeds three percent of the population of the area.

(4) Providers serving at least ten percent nonliterate clients shall also use other appropriate media to disseminate information.

NEW SECTION

WAC 275-56-355 SERVICES ADMINISTRATION—POLICIES AND PROCEDURES RELATING TO CLIENT RIGHTS. The provider shall maintain written policies and procedures relating to client rights. Policies and procedures shall cover the following areas:

(1) Notification of clients and/or responsible others of client rights, provider actions to ensure these rights, and any exception to these policies and procedures;

(2) Nondiscrimination of services;

(3) Confidentiality and release of information;

(4) Rights to refuse treatment;

(5) Use of audio and/or visual recording devices;

(6) Client involvement in research and/or evaluation studies;

(7) Use of untested and/or hazardous procedures;

(8) Rights specific to inpatient treatment settings, if appropriate,

- (9) Client record review rights;
- (10) Client grievances;
- (11) Violation of client rights.

#### NEW SECTION

**WAC 275-56-360 SERVICES ADMINISTRATION—ADHERENCE TO CLIENT RIGHTS POLICIES AND PROCEDURES.** The provider shall ensure all personnel are informed about and adhere to policies and procedures regarding client rights.

(1) Review of policies and procedures relating to client rights shall be included in the orientation of all new staff, volunteers, students, and board of directors. All such persons shall be provided with a copy of client rights, and shall sign a standardized form acknowledge understanding of and intention to adhere to policies and procedures regarding client rights.

(2) A periodic review and update of policies and procedures regarding client rights shall be conducted and staff shall be informed of any modifications.

(3) When any violation of client rights occurs or appears to have occurred, the provider shall take appropriate remedial and/or disciplinary steps.

#### NEW SECTION

**WAC 275-56-365 SERVICES ADMINISTRATION—CLIENT RIGHTS.** Clients and/or legally responsible others shall be informed of client rights at admission.

(1) A written statement of client rights shall be posted in public areas of the agency. A copy shall be available to clients on request. Providers of only telephone services (e.g., crisis lines) shall post the statement of client rights in a location visible to staff during working hours.

(2) The statement of client rights shall include at least:

(a) The right to receive appropriate care and treatment, employing the least restrictive alternatives available;

(b) The right to be treated with respect and dignity;

(c) The right to nondiscrimination in provision of treatment on the basis of race, sex, age, disability, national origin, language, creed, marital status, socioeconomic status, or ability to pay;

(d) The right to receive treatment sensitive to differences of race, culture, language, sex, age, national origin, disability, creed, socioeconomic status, marital status, and sexual orientation.

(e) The right to an individualized service plan reflecting problems and/or needs identified for or with the client.

(f) The right to confidentiality as specified in relevant statutes (chapter 71.05 RCW) and regulations (chapter 275-55 WAC). The statement shall state circumstances where confidentiality shall not be maintained, including at least:

(i) Where there is reason to suspect the occurrence of child abuse;

(ii) Where there is a clear threat of intent to do serious bodily harm to self or to another person;

(iii) To a court under court order.

(g) The right to be informed of the volunteer or student status of primary therapist and/or case manager;

(h) The right to refuse any proposed treatment unless treatment is involuntary;

(i) The right to review case records under conditions specified in WAC 275-56-370(3).

(j) The right to refuse to participate in:

(i) Data collection for purposes of research or evaluation when the data collected exceeds data collected for normal management and/or treatment practices (e.g., face-to-face interview, specialized testing);

(ii) Use of untested or experimental procedures;

(iii) Use of procedures involving known or potential hazard.

(k) The right to receive an explanation of all medications prescribed, including possible side effects.

(l) The right to be compensated for any work performed for the provider.

(m) The right to be free of any sexual exploitation or harassment.

(n) The right to lodge a grievance with the provider if the client has reason to believe his or her rights have been violated. The statement shall include the grievance procedure.

(3) Clients in inpatient services shall have, in addition, written notice of the following:

(a) The right to wear his or her own clothes and to keep his or her own possessions, except when deprivation of same is essential to protect the health and safety of the client, other persons or property;

(b) The right to keep and be allowed to spend a reasonable sum of money;

(c) The right to have access to individual storage for private use;

(d) The right to have visitors at reasonable times;

(e) The right to have reasonable access to a telephone to make and receive confidential calls;

(f) The right to have access to letter-writing materials, including stamps, and to send and receive uncensored correspondence through the mails;

(g) The right to dispose of property and sign contracts.

#### NEW SECTION

**WAC 275-56-370 SERVICES ADMINISTRATION—PROTECTION OF CLIENT RIGHTS.** The provider shall protect and ensure the rights of all clients and former clients.

(1) Signed consent by the client or responsible other, under conditions allowing access to a person able to answer questions, shall be obtained for:

(a) Use of any medication;

(b) Initiation of any nonemergency service plan.

(2) Neither evaluation nor treatment services shall be provided to any person thirteen years of age or under without the signed consent of the parent or guardian of such person, except in an emergency situation, such child may be seen for one session without consent of parent or guardian. Parental consent for evaluation or treatment services shall not be necessary in the case of a child or youth referred by child protective services or

other public agency because of physical, sexual, or psychological abuse by a parent or parent surrogate.

(3) When a client, or the parent or guardian of a child thirteen years of age or under, requests review of his or her case record, the provider shall:

(a) Grant the request within seven days, except the request need not be granted if the provider knows or has reason to believe the parent or parent surrogate has been a child abuser or might otherwise harm the child and/or youth.

(b) Review the case record in order to identify and remove any material confidential to another person.

(c) In the presence of a member of the clinical staff, allow the client sufficient time and privacy to review the record to his or her satisfaction.

(d) Permit the following persons to be present during the review, with the consent of the client;

(i) Next-of-kin,

(ii) The family physician, or

(iii) The client's attorney, when a member of the Washington state bar.

(e) Document the review session in the client's record.

(4) Alternative treatments as requested by the client shall be provided when available and appropriate.

(5) The written, informed consent of the client and/or responsible other shall be obtained before:

(a) The client serves as a subject for any research.

(b) The provider begins the use of any unusual diagnostic or treatment procedure.

(c) Any audio and/or visual device is used to record the client's behavior.

#### NEW SECTION

WAC 275-56-375 SERVICES ADMINISTRATION—CONFIDENTIALITY OF CLIENT INFORMATION. The provider shall protect the confidentiality of all information relating to clients or former clients, and shall disclose any such information only pursuant to a current consent for disclosure signed by the client and/or legally responsible other.

(1) Standardized forms authorizing release and/or exchange of confidential information shall contain the following:

(a) The name of the client,

(b) The date,

(c) The name and address of the agency,

(d) The name and address of the person or agency to whom the form is directed,

(e) The reason for disclosure,

(f) The specific kind of information to be disclosed,

(g) The period of time the consent is to be in force (not to exceed ninety days),

(h) The signature of the client and/or responsible other, and

(i) The signature of a witness.

(2) Except under the conditions stated as follows, the provider shall disclose no confidential information, including the fact a person is or has been a client, without a statement meeting specifications in subsection (1)(a) through (1)(i) of this section, and showing the client's original signature or a photocopy.

(3) Exceptions to subsection (2) of this section are as follows:

(a) Disclosures permitted under relevant statute (chapter 10.77 and 71.05 RCW) or regulations (chapter 275-55 WAC);

(b) The fact of admission and any pertinent information and records may be disclosed;

(i) To provider personnel, as needed;

(ii) To the department for purposes of program planning, evaluation and research;

(iii) To the extent necessary for a client to make a claim, or for a claim to be made on behalf of a client for aid, insurance or medical assistance;

(iv) To a county-designated mental health professional;

(v) To a hospital or emergency medical agency for purposes of dealing with an emergency;

(vi) To law enforcement or public health officers under the following conditions:

(A) Only to the extent necessary to carry out the responsibilities of the law enforcement or public health office;

(B) Such persons shall be responsible for keeping all information confidential pursuant to these standards.

(vii) To a certified evaluation and treatment facility pursuant to the Involuntary Treatment Act (chapter 71.05 RCW);

(viii) To an agency or professional referring a person for preadmission screening;

(ix) To the person designated by the county for monitoring client tracking information. Such disclosures shall be limited to the facts of admission, discharge, or referral;

(c) Pertinent information must be disclosed, and the provider is obligated to initiate disclosure, under the following conditions:

(i) To child protective services or other appropriate law enforcement agency when there is reason to suspect the occurrence of physical, sexual, or psychological abuse of a child or adolescent;

(ii) To law enforcement officers and to the intended victim when there is a clear and serious threat of homicide or intent to do serious bodily harm to another person;

(iii) To a court under court order.

(4) All disclosures made, both with and without the client's consent to release information, shall be documented in the case record to include:

(a) Date of disclosure;

(b) Person and agency receiving information;

(c) Nature of information disclosed;

(d) Reasons for disclosure if consent has not been obtained.

#### NEW SECTION

WAC 275-56-380 SERVICES ADMINISTRATION—RESOLVING CLIENT GRIEVANCES. The provider shall act promptly to hear and take appropriate steps to resolve all client grievances. Procedures shall ensure the involvement of appropriate supervisory and administrative staff, the administrator, and the board of directors, as necessary. Confidential information shall



not be disclosed to the board of directors pursuant to client grievances without the signed consent of the client for release of information.

#### NEW SECTION

**WAC 275-56-385 SERVICES ADMINISTRATION—POLICIES AND PROCEDURES RELATING TO CLIENT ENTRY, SERVICE PLANNING, AND SERVICE OPERATIONS.** There shall be written policies and procedures relating to client entry, service planning, and service operations.

(1) Policies and procedures shall cover major aspects of the course of treatment, including at least:

- (a) Screening and information and referral,
- (b) Crisis response,
- (c) Intake and assessment,
- (d) Assignment of staff responsibilities,
- (e) Treatment planning,
- (f) Assessment of treatment progress,
- (g) Response to client or prospective client emergencies or crises,
- (h) Transfer and termination, and
- (i) Financial and billing policies.

(2) Policies and procedures shall cover coordination of services, including case management, and liaison and consultation with other providers, including state hospitals.

(3) Policies and procedures shall cover medical responsibility, prescription, administration, monitoring, and storage of medications.

#### NEW SECTION

**WAC 275-56-390 SERVICES ADMINISTRATION—SCREENING AND INFORMATION AND REFERRAL.** The provider shall respond promptly to all requests for service or for information regarding mental health services.

(1) The provider shall have adequate staff and equipment to assure prompt response.

(a) Staff answering telephones shall determine the presence of an emergency and, if so determined, shall engage emergency services in accordance with the provider's policies and procedures.

(b) Telephone answering capability shall be available twenty-four hours per day, seven days per week.

(2) Screening and information and referral services shall be provided after initial contact.

(a) Screening and information and referral may be provided by telephone or face-to-face. Face-to-face screening shall be provided for nonemergency walk-ins,

(b) Telephone screening and information and referral shall be provided no later than the same day,

(c) If preliminary telephone screening determines the need for face-to-face screening, this service shall be provided.

(3) When screening indicates the prospective client is an acutely or chronically mentally ill or seriously disturbed person, intake shall be provided.

(a) If the appropriate services are not likely to be available after screening, the provider shall attempt to refer the client to another provider,

(b) If the prospective client chooses to wait for services, the first available intake time shall be assigned the client.

#### NEW SECTION

**WAC 275-56-395 SERVICES ADMINISTRATION—RESULTS OF SCREENING AND INFORMATION AND REFERRAL.** Screening and information and referral shall result in an action on behalf of the prospective client.

(1) In case of a request for mental health information, accurate information shall be provided, and a determination of the need for further service shall be made.

(2) In case of a request for service:

(a) Screening shall result in an intake appointment if determination is made the provider offers an appropriate service,

(b) Screening shall result in a referral to another provider if the desired services are not offered by the provider,

(c) Where appropriate, screeners shall provide follow-up to the prospective client to determine if a referral was completed,

(d) A record shall be maintained of all referrals.

(3) Screening dispositions shall be made by or under the clinical supervision of a mental health professional and shall be documented.

#### NEW SECTION

**WAC 275-56-400 SERVICES ADMINISTRATION—EMERGENCY AND/OR CRISIS RESPONSE.** Services shall be provided in response to client and prospective client emergencies and/or crises.

(1) There shall be liaison agreements regarding emergency procedures and responsibilities with other community agencies, such as:

(a) Telephone services (e.g., crisis lines),

(b) Hospitals and hospital emergency rooms,

(c) Ambulance services,

(d) Mobile emergency medical service agencies,

(e) Law enforcement agencies,

(f) County-designated mental health professionals and other involuntary treatment services,

(g) Child protective services,

(h) Services maintained under special community (e.g., tribal) authority,

(i) Senior citizens information and assistance, and

(j) Alcoholism and drug abuse services.

(2) Emergency services (including arrangements for inpatient services) shall be provided.

(a) Immediate action shall be taken to arrange for services upon determination of need for emergency or inpatient services. Where possible, clients shall be contacted for follow-up to ascertain whether needed services were received.

(b) Persons experiencing crises shall be served no later than twenty-four hours after initial contact.

(3) A complete and current list of community resources shall be maintained and shall be available at all times to staff providing client services.

(4) In the case of clients referred from emergency telephone or outreach services, crisis stabilization services shall be instituted no later than the next operational day.

(5) Screening and evaluation shall be provided for walk-in emergency clients or persons brought to the provider by law enforcement.

(6) Crisis stabilization services shall be instituted for client emergencies occurring within programs.

(7) In any case where there appears to be substantial risk of suicide or homicide or serious harm to others or to property, there shall be consultation with at least one other mental health professional before disposition is determined and the consultation shall be documented in the client's record.

(8) Cases shall not be closed until adequacy of disposition and effectiveness of crisis resolution are assured.

(9) All crisis-oriented services and contacts shall be documented in the client's record.

#### NEW SECTION

**WAC 275-56-405 SERVICES ADMINISTRATION—APPLICATION FOR SERVICE AT INTAKE.** Intake shall consist, in part, of an application for service by a client or responsible other.

(1) A formal, standardized application for services shall be completed by or for each client and shall become a part of the client's record.

(2) Information describing client rights and confidentiality of information shall be provided at the time of intake.

(3) Fees appropriate to the client's available resources shall be established and the client shall be informed of the fees and of the provider's fee policies during the intake process.

(4) Except in a life-threatening emergency, there shall be signed consent of client or responsible other before utilization of any medication.

#### NEW SECTION

**WAC 275-56-410 SERVICES ADMINISTRATION—INTAKE—CLIENT STATUS, TREATMENT NEEDS, AND MEDICAL EXAMINATION NEEDS.** The intake shall assess and document the client's current status, treatment needs, and medical examination needs.

(1) There shall be a clear statement of the presenting problem and history.

(2) The client's current level of functioning, strengths, and problems shall be assessed to determine and document clinical status (acutely or chronically mentally ill or seriously disturbed) and provisional diagnosis (Diagnostic and Statistical Manual, 3rd edition).

(a) Relevant observed client behaviors shall be documented.

(b) A mental status examination shall be conducted with acutely and chronically mentally ill and seriously disturbed persons.

(3) A determination shall be made as to the need for a medical examination based upon documentation of at least:

(a) Date of most recent treatment by a physician and/or most recent medical examination;

(b) Staff determination of the need for medical examination.

(4) The client shall be referred for a medical examination when determined necessary. All clients aged sixty and over shall be recommended for a medical examination within thirty days of intake, if such examination has not been done within the preceding ninety days.

(5) Intake to a specialized service need not meet the requirements of this section if a full intake has already been completed for treatment purposes.

#### NEW SECTION

**WAC 275-56-415 SERVICES ADMINISTRATION—INTAKE—BASIC TREATMENT HISTORY AND BACKGROUND INFORMATION.** The intake shall obtain treatment history and client background information to assess the client's support system, formulate the problem, and plan services.

(1) A mental health treatment history, covering at least the last two years and including previous outpatient treatment and hospitalizations, shall be documented.

(2) A pertinent health or medical history shall be recorded, including the name and telephone number of the client's present or most recent physician.

(3) A psychosocial history shall be taken to the extent the client is able and willing to provide this information.

(4) The client's strengths and available family and community support systems shall be assessed.

#### NEW SECTION

**WAC 275-56-420 SERVICES ADMINISTRATION—INTAKE INFORMATION ON CHILDREN AND YOUTH.** Intake information on children and youth shall include a developmental history and assessment of academic background and status. A developmental history from the prenatal period to the present shall be recorded, including, as available:

(1) Significant prenatal and perinatal events,

(2) Developmental milestones,

(3) Significant early illnesses,

(4) Developmental problems,

(5) Client strengths and accomplishments,

(6) Assessment of client's current developmental status and age-appropriate developmental needs, including appraisal of peer relationships and activities, and

(7) Academic achievement and status.

#### NEW SECTION

**WAC 275-56-425 SERVICES ADMINISTRATION—DRUG USE PROFILE.** A drug use profile shall be developed at intake and maintained throughout the client's treatment. The drug use profile shall include the names and dosages of all prescribed and nonprescribed drugs (when the information is available) used currently and during the previous six months. The record of prescribed drugs used prior to or during the course of treatment shall include, as available, names and dosages, name of prescribing physician, dates and

reasons for changes or discontinuance, and any unusual side effects and treatment.

#### NEW SECTION

**WAC 275-56-430 SERVICES ADMINISTRATION—INITIAL ASSESSMENT.** Initial assessment shall include establishment of collateral contacts necessary for assessing client support systems, formulating client problems, and developing a service plan.

(1) Consent for exchange of information shall be obtained, including client signature, to permit communication with significant persons and agencies identified in the intake interview.

(2) Collateral contacts shall be made as needed for assessment and service planning.

(a) The client's regular physician shall be contacted.

(b) Previous and current mental health service providers shall be contacted.

(c) Other persons and/or providers significant to the client's health, mental health, social, vocational, or educational status and needs shall be contacted.

(d) Information acquired from collateral contacts shall be documented in the client's record.

(3) Records shall be obtained of any psychiatric hospitalizations identified at intake or subsequently.

#### NEW SECTION

**WAC 275-56-435 SERVICES ADMINISTRATION—NEED FOR ADDITIONAL ASSESSMENT.** The need for additional assessment of the client shall be reviewed and documented on the basis of information obtained at intake and from collateral contacts.

(1) Each of the following special assessment procedures shall be considered:

(a) General medical examination;

(b) Psychiatric evaluation;

(c) Psychological and/or neuropsychological evaluation;

(d) Neurological evaluation;

(e) Electroencephalogram;

(f) Other diagnostic and/or laboratory studies such as:

(i) CT scan;

(ii) Drug assay.

(2) Additional evaluations shall be provided or referred as needed, and reports of the evaluations will be included in the record, when possible, and utilized in service planning.

(3) Before a diagnosis of primary degenerative dementia with senile or presenile onset is made, assessments shall be completed to rule out all forms of treatable disability, including, but not limited to, toxic, metabolic, infectious, neoplastic, traumatic, and functional disorders.

#### NEW SECTION

**WAC 275-56-440 SERVICES ADMINISTRATION—COORDINATION OF SERVICE.** Staff responsibilities for planning, providing, and coordinating services shall be clearly assigned.

(1) Each client shall be assigned a primary therapist; the primary therapist may also serve as case manager.

(2) A chronically mentally ill client requiring a variety of services, both internal and external to the provider agency, shall be assigned a case manager responsible for coordinating these services on the client's behalf. When a client is served by both a primary therapist and a case manager, these persons shall confer on client services on a regular basis, with documentation in the client's record.

(3) All case management contacts and services shall be documented in the client's record.

#### NEW SECTION

**WAC 275-56-445 SERVICES ADMINISTRATION—INDIVIDUALIZED SERVICE PLAN.** An individualized service plan shall be developed for each client.

(1) The plan shall identify the problem or need to be addressed in treatment.

(2) The plan shall contain clearly stated goals for treatment.

(a) Each goal shall state specific, observable outcomes expected to occur in client behavior, skills, attitudes, or circumstances as a result of treatment.

(b) The plan shall specify a time frame for the attainment of goals and for termination.

(3) The plan shall identify the services, modalities, and specific treatment techniques to be utilized.

(a) The plan shall include referral for necessary services not offered by the provider.

(b) Proposed medications and the dosages shall be identified.

(c) Persons responsible for providing and coordinating services shall be identified.

(d) Treatment techniques and approaches shall be specified.

(4) The plan shall clearly show the relationships between the proposed services, the expected outcomes of the services, and the needs of the client, including how treatment goals are to be met by the particular modalities and techniques to be utilized.

#### NEW SECTION

**WAC 275-56-450 SERVICES ADMINISTRATION—DEVELOPMENT, IMPLEMENTATION, AND UPDATING OF SERVICE PLAN.** The service plan shall be collaboratively developed, implemented, and updated.

(1) The client shall participate in service planning and implementation according to the client's ability.

(2) The client or responsible other shall consent by signing the service plan.

(3) Service planning shall document the involvement of the client's family and/or significant others in the planning and treatment process, as appropriate to the goals of treatment and consistent with standards relating to confidentiality.

(4) A mental health professional shall review and sign the plan within thirty days.

(a) The review shall include an analysis of the appropriateness of the diagnosis.

(b) When sufficient staff are available, the service plan shall be reviewed by a multidisciplinary treatment team including individuals licensed under chapter 18.71, 18.83 or 18.88 RCW.

(5) When utilization of medication is indicated, the service plan shall be reviewed by the prescribing physician.

#### NEW SECTION

**WAC 275-56-455 SERVICES ADMINISTRATION—GROUP SERVICE PLAN.** In the case of outpatient psychotherapy and psychoeducational groups, a group service plan shall be developed on the basis of common needs.

(1) Group service plans shall identify the goals of the group and a specific program for attaining the goals.

(2) Clients, staff, supervisors, and consultants shall be involved, as appropriate, in development and review of group service plans.

(3) The supervisor of the unit providing the service shall review and sign the plan initially and at each subsequent review point.

#### NEW SECTION

**WAC 275-56-460 SERVICES ADMINISTRATION—DOCUMENTATION OF PROGRESS.** Client progress in meeting goals shall be documented in the case record.

(1) Progress notes shall be prepared and filed in the case and group record as follows:

(a) After every client contact for outpatient services. Providers utilizing a problem-oriented record system may record outpatient treatment progress less frequently provided a narrative summary of client progress is entered in the case record at least every thirty days, and the date of each contact is recorded;

(b) At least weekly for day treatment services;

(c) Each day for inpatient services;

(d) After each event for emergency services;

(e) After each session for outpatient psychotherapy or psychoeducational groups.

(2) Progress notes shall document all services provided, including date, nature of service, and signature of responsible staff.

(3) Progress notes shall summarize client sessions in terms of service goals and expected outcomes of service.

(4) Progress notes shall document efforts by the case manager (if assigned) to assure services needed from other providers or agencies and other coordinating and supportive services have been arranged for and provided.

(5) Progress notes shall document client-related extraordinary events.

#### NEW SECTION

**WAC 275-56-465 SERVICES ADMINISTRATION—REVIEW AND ASSESSMENT OF PROGRESS.** Progress shall be assessed and reviewed.

(1) The service plan shall specify a schedule for assessment and review of progress and updating of the plan, not to exceed the following:

(a) At least every ninety days in the case of outpatient, day treatment, community support services, and residential services;

(b) Weekly in the case of inpatient services.

(2) A progress summary shall be prepared by staff responsible for treatment and case management. The assessment of progress shall cover course and progress of treatment in relationship to client problems and expected treatment outcomes, noting unusual events, assessing client status, and documenting need for continuation (if appropriate), projected length of stay, and proposed modifications of the service plan.

(3) Progress shall be assessed by the clinical supervisor and results of the assessment, including recommendations for continuation and/or modification of the service plan, shall be documented and signed by the supervisor.

(4) In the case of each outpatient psychotherapy or psychoeducational group, progress notes shall be maintained and progress assessed and reviewed by appropriate supervisory personnel.

#### NEW SECTION

**WAC 275-56-470 SERVICES ADMINISTRATION—DEVELOPMENT AND IMPLEMENTATION OF TRANSFER OR TERMINATION PLAN.** In the event of an anticipated change of primary therapist, intra-agency transfer, or termination of services, a plan shall be collaboratively developed and implemented.

(1) The client, significant others when appropriate, and service providers shall participate in planning for transfer or termination.

(2) A written plan, to include time frame, responsibilities, recommendations, and proposed follow-up activities, shall be prepared and filed in the case record before transfer or termination.

#### NEW SECTION

**WAC 275-56-475 SERVICES ADMINISTRATION—SERVICES DURING TRANSFER OR TERMINATION.** During transfer or termination, service activities shall be coordinated and client service needs shall be met.

(1) In the event a transfer to another therapist or service is necessary, the primary therapist or case manager shall coordinate the transfer with the new primary therapist, case manager, or service unit.

(2) Contact shall be maintained with the client where possible by the primary therapist or case manager during the period when no service is received.

(3) In the case of transfers or referrals to other providers, the provider shall maintain responsibility for the client until responsibility by the receiving provider is confirmed.

#### NEW SECTION

**WAC 275-56-480 SERVICES ADMINISTRATION—UNPLANNED CHANGES.** Discontinuity or

disruption in service resulting from unplanned changes shall be minimized.

(1) Personnel actions initiated by the provider resulting in a change of therapist or case manager shall allow time for orderly and sufficient collaborative planning and implementation of transfer, except when detrimental to the client.

(2) In the event a primary therapist or case manager terminates employment in any way with the provider, his or her caseload shall be assigned to another primary therapist or case manager.

#### NEW SECTION

**WAC 275-56-485 SERVICES ADMINISTRATION—REVIEW OF TREATMENT AT TRANSFER OR TERMINATION.** Treatment shall be reviewed and assessed at transfer or termination.

(1) In the event of transfer, a transfer summary shall be prepared by staff responsible for treatment and case management and shall be inserted into the client's record. The summary shall:

(a) Briefly review client's presenting problems, initial assessment, and service plan, including major actions taken;

(b) Assess progress to date in terms of problems and/or treatment goals and outcomes;

(c) Review reasons for transfer and the transfer plan;

(d) Provide other pertinent information necessary for continuity of care, including medication;

(e) Be signed by the primary therapist and by the case manager.

(2) Upon termination of services, a summary shall be prepared by staff responsible for treatment and case management, and inserted in the client's record. The summary shall:

(a) Review the client's presenting problems and initial assessment;

(b) Review the service plan and any modifications;

(c) Review treatment course and progress;

(d) Assess treatment in terms of client problems, treatment goals, and outcomes, noting possible reasons for failure to attain any goals;

(e) Review and assess termination planning when appropriate;

(f) State reasons for termination;

(g) State prognosis;

(h) Describe any follow-up or aftercare services planned;

(i) Describe steps taken to refer client to other agencies or providers as needed;

(j) Be signed by the primary therapist and case manager and by the supervisor if the primary therapist or case manager is not a mental health professional.

#### NEW SECTION

**WAC 275-56-490 SERVICES ADMINISTRATION—PROMPT CLOSURE OF CASES.** Cases shall be closed promptly.

(1) Cases involving planned termination shall be closed within thirty days of final contact. Planned and/or necessary leaves from treatment for up to ninety

days shall be documented in the client's record and the case need not be closed.

(2) Other cases shall be closed within ninety days of the last attempt to contact the client. Unexplained interruptions in client contacts shall be followed up by the primary therapist or case manager, and these contacts documented in the client's record. Clients known to be dangerous to self or others or gravely disabled shall be contacted by telephone within twenty-four hours of a missed appointment. If telephone contact is not possible, staff shall use other appropriate methods to maintain contact.

#### NEW SECTION

**WAC 275-56-495 SERVICES ADMINISTRATION—MEDICAL RESPONSIBILITY.** Medical responsibility shall be vested in a psychiatrist or other physician.

(1) A physician licensed to practice pursuant to chapter 18.71 RCW, and at least board eligible in psychiatry, shall be responsible for agency medical services.

(a) Provider agencies unable to recruit a psychiatrist may employ a physician without board eligibility in psychiatry provided:

(i) Psychiatric consultation is available for the physician at least monthly; and

(ii) The physician participates in at least twenty hours per year of continuing medical education in psychiatry.

(b) The provider may divide medical responsibility among a number of physicians employed in part-time staff or consultative roles.

(2) Medications shall be prescribed, administered, and monitored by a physician and/or by a certified registered nurse (WAC 308-120-300) under the supervision of a physician.

(a) A registered nurse or licensed practical nurse may administer medications under the supervision of a physician.

(b) Medications shall be monitored by a physician or registered nurse.

(c) Medications shall be reviewed by a physician at intervals of no greater than two months.

(d) Medication information shall be maintained in the client record documenting at least the following for each prescribed medication:

(i) Name of medication,

(ii) Dosage,

(iii) Reason for medication in relation to the client's treatment plan,

(iv) Date prescribed,

(v) Date renewed,

(vi) Observed effects and side effects, including reports of laboratory findings required by the mental health treatment plan,

(vii) Reasons for change when applicable, and

(viii) Name and signature of prescribing physician.

(3) When a psychiatrist is available and working with the provider, he or she shall participate in multidisciplinary teams responsible for treatment planning and review.

(4) When medical as well as mental health problems are identified through screening or intake, a psychiatrist

or other physician shall be consulted in treatment planning and at regular intervals during the course of treatment.

#### NEW SECTION

**WAC 275-56-500 SERVICES ADMINISTRATION—MEDICATION STORAGE AREAS.** Medication storage areas shall be inspected and inventoried at least quarterly by the administrator, or designated clinical staff person.

- (1) All medication shall be kept in locked storage.
- (2) Any medications kept in a refrigerator containing other items shall be kept in a separate container with proper security.
- (3) No outdated medications shall be retained, and medications shall be disposed of in accordance with federal regulations.
- (4) Medications for external use shall be stored separately from oral and injectable medications.

#### NEW SECTION

**WAC 275-56-505 SERVICES ADMINISTRATION—EXTRAORDINARY OCCURRENCES.** There shall be procedures for the handling, review, and documentation of extraordinary occurrences.

- (1) Procedures shall be established for responding to and reviewing situations involving:
  - (a) Injury or potential injury to clients or staff;
  - (b) Suicide or homicide by a client;
  - (c) Client behavior so bizarre or disruptive as to threaten the program;
  - (d) Disaster or threatened disaster of natural or human origin.
- (2) Extraordinary occurrences shall be reported immediately to appropriate supervisory staff.
- (3) The following provisions shall be made for responding appropriately to extraordinary occurrences:
  - (a) Ensuring the safety of clients and staff;
  - (b) Medical attention when needed;
  - (c) Ensuring client rights and protection of confidential materials;
  - (d) Mobilizing and/or relating to emergency services in the community;
  - (e) Responding to the mental health needs of clients' families and significant others as appropriate;
  - (f) Documentation of actions taken in response to the extraordinary occurrence;
  - (g) Evaluation of actions taken.
- (4) The extraordinary event and actions taken shall be reviewed as soon as practicable after the event.
  - (a) Where possible, a staff committee shall be appointed to assist in such reviews.
  - (b) The review shall determine the appropriateness and effectiveness of actions taken.
  - (c) The review shall identify any actions reducing the probability of similar events occurring.
- (5) A complete documentation of each such event and review shall be maintained by the administrator or designee. Where appropriate, documentation shall be entered in client record.

#### NEW SECTION

**WAC 275-56-510 SERVICES ADMINISTRATION—POLICIES AND PROCEDURES RELATED TO CLIENT RECORDS.** There shall be written policies and procedures relating to client records. Policies and procedures will occur:

- (1) Record content,
- (2) Recording and assessment of progress,
- (3) Record completeness,
- (4) Maintenance of outpatient group records,
- (5) Emergency records,
- (6) Security of client records,
- (7) Confidentiality of client records, and
- (8) Release of information.

#### NEW SECTION

**WAC 275-56-515 SERVICES ADMINISTRATION—CONTENT OF CLIENT RECORDS.** A record shall be established and maintained for each client completing intake.

- (1) The record shall contain documentation of application and authorization for treatment, including:
  - (a) Application for services;
  - (b) Fees to be charged for services;
  - (c) Signed authorization for release and/or receipt of information where appropriate;
  - (d) Signed consent for use of any medication.
- (2) The record shall contain screening and intake information sufficient to assess client needs and strengths and to plan treatment.
- (3) The record shall contain a report of each collateral contact.
- (4) The record shall contain records or summaries of any psychiatric inpatient services provided during and two years previous to treatment.
- (5) The record shall contain reports of special evaluative procedures where available.
- (6) The record shall contain a drug use profile when applicable, established at intake and maintained throughout the course of treatment.
- (7) The record shall contain the name of the primary therapist and/or case manager.
- (8) The record shall contain the service plan signed by the client or responsible other, the primary therapist or case manager, and the supervisor when the primary therapist or case manager is not a mental health professional.
- (9) The record shall contain progress notes describing client progress in achieving treatment goals and signed by the primary therapist or case manager and maintained in a timely fashion.
- (10) The record shall contain documentation of any unusual events or special procedures.
- (11) The record shall contain documentation of all disclosures.
- (12) The record shall contain notes documenting case review with the case reviewer's signature.
- (13) The record shall contain treatment summaries prepared at appropriate intervals and signed by the primary therapist or case manager and the clinical supervisor.

(14) The record shall contain modifications of the treatment plan.

(15) The record shall contain transfer and termination plans.

(16) The record shall contain transfer and termination summaries signed by the primary therapist or case manager and by the supervisor when the primary therapist or case manager is not a mental health professional.

(17) Exceptions to subsections (1) through (16) of this section for the purpose of maintaining records relevant to the client's cultural setting and/or alternative service delivery models may be requested in writing from the department.

#### NEW SECTION

WAC 275-56-520 SERVICES ADMINISTRATION—OUTPATIENT GROUP RECORDS. A record shall be established and maintained for each outpatient psychotherapy or psychoeducational group.

(1) The record shall contain the following:

(a) A current roster of all clients and/or participants;  
 (b) Name of staff responsible for conducting the group;  
 (c) A plan for the group, including goals and objectives;

(d) Progress notes recorded after each session documenting group activities and special individual action or participation;

(e) A record of any unusual events;

(f) Modifications in the group plan.

(g) A termination summary of the course of the group, including assessment of goal achievement.

(2) In the case of psychotherapy groups, a summary of group progress will be prepared at least every ninety days and signed by the therapist and supervisor.

(3) Group records shall be maintained concurrently and in conjunction with the individual client records, with cross-referencing as appropriate.

#### NEW SECTION

WAC 275-56-525 SERVICES ADMINISTRATION—TELEPHONE AND OUTREACH EMERGENCY SERVICES RECORDS. Providers of telephone and outreach emergency services shall maintain records documenting all emergency contacts.

(1) Emergency records shall document, when possible, the following:

(a) Client name, address, and telephone number;

(b) Name and telephone number of person or agency making initial contact (if other than client);

(c) Time of initial contact;

(d) Responsible staff;

(e) Time and location of outreach;

(f) Nature of emergency;

(g) Summary of services provided;

(h) Names of persons and agencies cooperating in emergency response;

(i) Disposition of emergency;

(j) Referrals;

(k) Condition of client at termination of contact;

(l) Follow-up.

(2) Documentation shall occur after each contact.

#### NEW SECTION

WAC 275-56-530 SERVICES ADMINISTRATION—SECURITY OF CLIENT RECORDS. All client records shall be stored in a manner ensuring record security and client confidentiality.

(1) Records shall be maintained in locked cabinets, and/or shall be housed in a fully enclosed room with a lockable door.

(2) All records checked out during the working day shall be returned to the records room by the end of the day. When not in use, such records shall be kept in a locked cabinet, container or desk.

#### NEW SECTION

WAC 275-56-535 SERVICES ADMINISTRATION—RETENTION AND DESTRUCTION OF CLIENT RECORDS. Records shall be retained by the provider in accordance with WAC 275-56-530 and shall be destroyed in a manner completely eradicating content and client names.

(1) Client records shall be retained for a period of not less than five years beyond the last contact with the client.

(2) When the client is a minor, the record shall be maintained for a period of not less than three years beyond the client's eighteenth birthday, or five years beyond the last contact, whichever is the longer period of time.

(3) A complete discharge summary by a member of the clinical staff and reports of special assessment and/or examination procedures shall be retained for a period of not less than ten years beyond the last contact with the client or three years beyond the client's eighteenth birthday, whichever is the longer period of time.

(4) Telephone crisis logs shall be retained for not less than two years.

#### NEW SECTION

WAC 275-56-540 SERVICES ADMINISTRATION—RELEASE OF CLIENT RECORD OR INFORMATION. The client record or information contained in the client record shall not be released without a signed authorization by the client. The fact of admission and all information and records compiled in the course of providing services to either voluntary or involuntary clients shall not be released except under the conditions stated in these standards under client rights to confidentiality.

#### NEW SECTION

WAC 275-56-545 EMERGENCY SERVICES—WRITTEN DESCRIPTIONS. There shall be written descriptions of all emergency services components specifying expected outcomes of these activities.

(1) Descriptions shall include:

(a) Nature, location, and availability of services;

(b) Qualifications of staff;

(c) Client needs addressed by these services.

(2) Descriptions shall include protocols for each emergency service component. Protocols for emergency outreach shall include criteria for outreach response.

(3) Expected outcomes shall be stated, as much as possible, in behavioral terms.

**NEW SECTION**

**WAC 275-56-550 EMERGENCY SERVICES—STAFFING.** Emergency services shall be provided by qualified and trained staff.

(1) Twenty-four hour telephone and outreach emergency services shall be directed by a mental health professional with at least two years experience in emergency services and/or emergency services administration.

(2) Nonprofessional staff, volunteers, and students providing telephone or outreach crisis intervention shall be trained in mental health emergency identification and intervention and directly supervised by a mental health professional available twenty-four hours per day, seven days per week.

(3) All staff members, volunteers, and students providing emergency services shall receive at least an annual update of training in mental health emergency identification and intervention.

**NEW SECTION**

**WAC 275-56-555 EMERGENCY SERVICES—TWENTY-FOUR HOUR TELEPHONE SERVICES.** Twenty-four hour telephone emergency services shall be provided.

(1) Twenty-four hour telephone service shall:

(a) Be provided in accordance with written protocol;

(b) Respond to calls;

(c) Screen calls and provide information, referral or immediate counseling to assist the caller in resolving the emergency;

(d) Connect caller, as needed, to centralized emergency services (911) or, in the absence of such capability, mobilize and coordinate necessary related services (medical, police, fire, ambulance, child protective services, county-designated mental health professional, etc.);

(e) Attempt to facilitate provision of needed services;

(f) Document all telephone contacts and disposition, including any significant departures from protocol.

(2) Emergency telephone numbers shall be prominently listed in all telephone directories in the areas served by the provider.

**NEW SECTION**

**WAC 275-56-560 EMERGENCY SERVICES—TWENTY-FOUR HOUR OUTREACH SERVICES.** Twenty-four hour emergency outreach services shall be provided. Outreach services shall consist of face-to-face evaluation and treatment of mental health emergencies for acutely mentally ill persons of all ages, and will:

(1) Be provided in accordance with written protocol;

(2) Be provided promptly after screening and dispatch, and document any decision not to respond;

(3) Seek to stabilize the emergency situation and to provide immediate or continuing treatment in the least restrictive environment possible;

(4) Be closely coordinated with the county's involuntary treatment system, and draw upon the resources of the system as needed;

(5) Utilize and mobilize all necessary community emergency resources;

(6) Be appropriate to the age of the person, and involve family and significant others when indicated and possible;

(7) Refer, when appropriate, to ongoing provider services or to other community service providers, and facilitate referrals;

(8) Provide follow-up on all emergency contacts to maintain stabilization and to ensure dispositions are carried out and needed services and linkages are provided;

(9) Document all contacts and the contact's disposition, including any significant departures from written protocol.

**NEW SECTION**

**WAC 275-56-565 EMERGENCY SERVICES—CRISIS RESOLUTION SERVICES.** Sufficient evaluation and treatment services shall be provided to clients to determine severity and urgency of disturbance, to stabilize crises, and to determine need for further treatment.

(1) Crisis resolution services shall be provided in accordance with written protocol. Any significant departure from protocol shall be documented in the client's record.

(2) At a minimum, one face-to-face assessment and/or evaluation session and up to four treatment and/or crisis stabilization sessions shall be available to persons requesting services. Such clients may be referred to another provider if assessment and/or evaluation reveals the appropriate services are not offered by the provider.

(3) No later than the fourth treatment and/or crisis stabilization session, there shall be a determination as to whether the client is an acutely or chronically mentally ill or seriously disturbed person in need of further treatment.

**NEW SECTION**

**WAC 275-56-570 EMERGENCY SERVICES—CONTINUITY OF CARE.** Continuity of care shall be maintained for clients needing further treatment. When a client receiving brief treatment and/or crisis stabilization services is determined to be acutely or chronically mentally ill or seriously disturbed and in need of further treatment, the provider shall attempt to maintain continuity of care through continuation in or transfer to ongoing provider programs or referral to other appropriate community services.

**NEW SECTION**

**WAC 275-56-575 OUTPATIENT SERVICES—WRITTEN DESCRIPTIONS.** There shall be written descriptions of all outpatient service components directed to unique client needs specifying expected outcomes of such activities.

(1) Description shall include:



- (a) Nature, location, and availability of services;
- (b) Qualifications of staff;
- (c) Client needs addressed by such services.

(2) Descriptions shall include protocols for each service component.

(3) Expected outcomes shall be stated, as much as possible, in behavioral terms.

#### NEW SECTION

**WAC 275-56-580 OUTPATIENT SERVICES—STAFFING.** Outpatient services shall be provided by qualified staff.

(1) Outpatient services shall be directed by a mental health professional with at least two years of additional supervised postgraduate experience in mental health services, including experience with major treatment modalities and with acutely and chronically mentally ill and seriously disturbed clients.

(2) Staff providing outpatient services shall be trained and experienced in the clinical modalities and techniques utilized.

(3) Staff shall be assigned to outpatient service programs and locations on the basis of training and experience to meet client needs in the programs and locations.

#### NEW SECTION

**WAC 275-56-585 OUTPATIENT SERVICES—SERVICE DELIVERY.** Outpatient services shall be provided to acutely and chronically mentally ill and seriously disturbed persons not having significant need for structured day treatment, and unwilling or unable to participate in day treatment, or as an adjunct to day treatment services.

(1) Outpatient services shall include the following components:

- (a) Individual therapy,
- (b) Group therapy,
- (c) Family therapy,
- (d) Marital or couples therapy, and
- (e) Medication evaluation and monitoring.

(2) Outpatient services shall be provided in accordance with written protocol. Significant departures from protocol shall be documented in client records.

(3) Outpatient services to underserved populations (ethnic and racial minorities, children, elderly, and disabled persons) shall include alternative models of service delivery such as:

- (a) Services in a local area in an appropriate and acceptable environment for the clientele;
- (b) Outreach services;
- (c) Services offered by alternate providers such as natural care givers or traditional healers;
- (d) Alternate service components such as home visits, school visits or visits to other community agencies.

#### NEW SECTION

**WAC 275-56-590 DAY TREATMENT SERVICES—WRITTEN DESCRIPTIONS.** There shall be

written descriptions of all day treatment service components directed to unique client needs specifying expected outcomes of such activities.

(1) Descriptions shall include:

- (a) Nature, location, and availability of services;
- (b) Qualifications of staff;
- (c) Client needs addressed by such services.

(2) Descriptions shall include written protocols for each service component and for each regularly scheduled special service.

(3) Expected outcomes shall be stated, as much as possible, in behavioral terms.

#### NEW SECTION

**WAC 275-56-595 DAY TREATMENT SERVICES—STAFFING.** Day treatment services shall be provided by adequate numbers of qualified staff.

(1) Day treatment services shall be directed by mental health professionals with at least two years supervised postgraduate experience in programs of services to acutely and chronically mentally ill and seriously disturbed persons.

(2) One paid staff member shall be present in all day treatment sessions conducted by the provider.

(3) Minimum staff-to-client ratios for day treatment sessions shall be maintained as follows:

(a) One clinical staff member for every four scheduled clients thirteen years of age and under, with at least one such staff member a child mental health specialist;

(b) One clinical staff member for every six scheduled clients aged fourteen through seventeen, with at least one such staff member a child (adolescent) mental health specialist;

(c) One clinical staff member for every twelve scheduled clients aged eighteen and over, with one such staff member a geriatric mental health specialist in sessions serving primarily elderly (age sixty and over) clients. One clinical staff member for every eight scheduled clients shall be present in any group therapy or therapeutic community session.

#### NEW SECTION

**WAC 275-56-600 DAY TREATMENT SERVICES—APPROPRIATE LIAISON.** The provider shall maintain appropriate liaison with other agencies and persons serving day treatment clients. There will be agreements where possible with other agencies or facilities serving day treatment clients, such as:

- (1) Division of vocational rehabilitation,
- (2) Educational or training agencies or organizations,
- (3) Employment agencies,
- (4) Sheltered workshops,
- (5) Employers,
- (6) Recreational facilities,
- (7) Persons or organizations providing personal services,
- (8) Senior citizens information and assistance,
- (9) Area agencies on aging, and
- (10) Public and private ethnic service agencies and organizations.

NEW SECTION

WAC 275-56-605 DAY TREATMENT SERVICES—SERVICE DELIVERY. Day treatment services shall be provided on a regular basis to acutely and chronically mentally ill and seriously disturbed persons needing this type of service.

(1) Day treatment services shall be provided in accordance with written protocol. Significant departures from protocol shall be documented in the client's record.

(2) Day treatment services shall be available to the client at least three times weekly.

(3) Day treatment services shall be planned and structured activities designed for the following levels of client need:

(a) Structuring the day and leisure time and maintaining self in an environment less restrictive than an inpatient setting.

(b) Developing skills to increase the likelihood of engaging in productive activities.

(c) Participating more effectively in education or employment.

(4) Day treatment services may also be designed to manage, reduce, or eliminate psychopathology.

NEW SECTION

WAC 275-56-610 DAY TREATMENT SERVICES—SERVICE COMPONENTS. Day treatment services shall include components necessary to meet the maintenance or psychosocial habilitation or rehabilitation needs of clients.

(1) Each day treatment program shall provide or arrange for the following service components:

(a) Training in basic living and social skills. Day treatment services to children and youth shall include age-appropriate developmental skill building;

(b) Vocational habilitation or rehabilitation, including prevocational services;

(c) Supported work and/or schooling;

(d) Day activities, including socialization and recreation.

(2) Day treatment programs may provide or arrange for the following therapeutic components:

(a) Individual, couples, or family psychotherapy,

(b) Group psychotherapy,

(c) Therapeutic community,

(d) Medication evaluation and monitoring, and

(e) Case management.

(3) The particular mix of components shall be determined by client needs.

(4) Day treatment service plans shall include at least two of the components listed in subsection (1) of this section.

NEW SECTION

WAC 275-56-615 DAY TREATMENT SERVICES—AGE-APPROPRIATE SERVICES. Day treatment services shall be age-appropriate.

(1) Services to school-age children and youth shall include or allow for suitable educational programs.

(a) Clients with special educational needs shall be provided with special educational programs, either as an

integral part of provider services or by cooperative arrangements with schools.

(b) Day treatment shall be scheduled to permit regular school attendance for clients able to function in a regular school setting.

(2) Services to preschool children shall include parent involvement, when possible.

(3) Services to elderly shall include attention to medical and nutritional needs and shall be capable of providing or arranging for emergency medical services during all operational hours.

NEW SECTION

WAC 275-56-620 CONSULTATION AND EDUCATION SERVICES—WRITTEN DESCRIPTIONS. There shall be written descriptions of all consultation and education service components specifying expected outcomes for regularly provided services.

(1) Descriptions shall include:

(a) Nature and availability of services,

(b) Target population, and

(c) Client needs to be addressed.

(2) Descriptions shall include protocols for developing and implementing consultation and education services.

(3) Expected outcomes shall be stated in terms of the specific changes in skills or awareness to be accomplished by the service.

NEW SECTION

WAC 275-56-625 CONSULTATION AND EDUCATION SERVICES—STAFFING. Consultation and education services shall be provided by qualified staff.

(1) Consultation and education services will be coordinated by a mental health professional or by an educator with at least one year of experience in health or mental health education.

(2) Consultation and education services will be provided by qualified staff or consultants.

NEW SECTION

WAC 275-56-630 CONSULTATION AND EDUCATION SERVICES—SERVICE DELIVERY. Services shall be provided to assist others in the community to understand and care for acutely and chronically mentally ill and seriously disturbed persons.

(1) Case consultation shall be available to staff of other agencies, including inpatient and residential facilities, as a means of developing or improving service delivery for the priority populations.

(2) The following components may be provided:

(a) Program consultation to other agencies to assist in program design and planning for mental health-related services for acutely and chronically mentally ill and seriously disturbed persons;

(b) Continuing education programs and services to community care givers to develop and/or increase skills in providing mental health services to the priority populations and underserved groups;

(c) Information about mental health issues and services through various public media (newspapers, television, radio, etc.);

(d) Educational services for families of acutely and chronically mentally ill and seriously disturbed persons;

(e) Community education programs for the public at large, and for at-risk target populations, to provide information and skills development in regard to specific mental health topics.

(3) Records shall be maintained of all consultation and education services provided.

#### NEW SECTION

**WAC 275-56-635 COMMUNITY SUPPORT SERVICES—WRITTEN DESCRIPTIONS OF ALL COMMUNITY SUPPORT SERVICE COMPONENTS.** There shall be written descriptions of all community support service components directed to unique client needs specifying expected outcomes of such activities.

(1) Descriptions shall include:

(a) Nature and availability of services;

(b) Qualifications of staff;

(c) Client needs addressed by such services.

(2) Descriptions shall include protocols for maintaining necessary liaisons and contacts and for implementing each service component and each regularly scheduled special service.

(3) Expected outcomes shall be stated, as much as possible, in behavioral terms.

#### NEW SECTION

**WAC 275-56-640 COMMUNITY SUPPORT SERVICES—STAFFING.** Community support services shall be provided by qualified staff.

(1) Community support services shall be under the direction of a mental health professional with at least two years supervised experience in direct treatment of chronically mentally ill persons.

(2) One person shall be assigned to serve as case manager for each client receiving community support services. The case manager shall be responsible for coordination of services, including necessary mental health, residential, social, vocational, health, educational, income management, and other necessary support services on the client's behalf.

(3) Records shall be maintained of all community support services provided.

#### NEW SECTION

**WAC 275-56-645 COMMUNITY SUPPORT SERVICES—WORKING ARRANGEMENTS.** The provider shall establish and maintain working arrangements with social and health agencies and other community resources necessary for chronically mentally ill persons to live in the community. Liaison shall be established and maintained with agencies and resources such as:

(1) County-designated mental health professionals,

(2) Public assistance and Social Security,

(3) Sheltered workshops and contract employers,

(4) Community college and other educational programs,

(5) Division of vocational rehabilitation,

(6) Employment security,

(7) Local hospitals,

(8) State hospitals,

(9) Residential care providers,

(10) Public and private housing resources,

(11) Area agencies on aging,

(12) Public and private ethnic service agencies and organizations,

(13) Other health and human services providers, and

(14) Family advocacy and self-help groups.

#### NEW SECTION

**WAC 275-56-650 COMMUNITY SUPPORT SERVICES—CONTACT WITH INPATIENT FACILITIES.** The provider shall maintain liaison with state and local inpatient psychiatric facilities so as to be informed of the status of all clients, former clients, and potential clients needing community support services. Contact with facility and attending staff shall take place weekly to maintain current information.

#### NEW SECTION

**WAC 275-56-655 COMMUNITY SUPPORT SERVICES—PLANNING FOR PATIENT DISCHARGE.** The provider shall participate in planning for discharge of both voluntary and involuntary patients from state hospitals and other acute care residential facilities. Staff shall work with facility and attending staff, patients, and patients' families in planning for services to persons nearing discharge from such facilities.

#### NEW SECTION

**WAC 275-56-660 COMMUNITY SUPPORT SERVICES—MAINTAINING CONTACT WITH PROSPECTIVE CLIENTS.** The provider shall attempt to maintain contact with persons released from Involuntary Treatment Act (ITA) detention or commitment.

(1) The provider shall maintain liaison with ITA personnel and with evaluation and treatment facilities so as to be informed of the needs of persons released from detention or commitment.

(2) Staff shall attempt to contact prospective clients and significant others within forty-eight hours of release from ITA detention or commitment in order to describe and offer community support and other available services.

#### NEW SECTION

**WAC 275-56-665 COMMUNITY SUPPORT SERVICES—SERVICE DELIVERY.** A program of community support services shall be provided to acutely and chronically mentally ill persons to assist such persons in living in the community.

(1) Services shall be provided in accordance with written protocol. Any significant departure from protocol shall be documented in the client's record.

(2) Acutely and chronically mentally ill persons seeking or referred for community support services shall be screened and admitted to the service as appropriate as soon as possible.

(3) Clients shall receive emergency, outpatient or day treatment services as appropriate to the client's needs.

(4) Staff shall provide supportive services to families and others significant to the client to facilitate the development and maintenance of natural support systems.

(5) Medications shall be monitored by qualified personnel (WAC 275-56-465).

(a) A schedule for monitoring of all prescribed medications shall be established by the prescribing physician.

(b) The client's drug profile shall be maintained by a physician, registered nurse or licensed practical nurse.

(c) All medication monitoring activities shall be documented in the client's record.

(d) Screening for side effects of psychotropic medication shall be documented and any corrective actions noted.

(6) Records shall be maintained of all community support services provided.

#### NEW SECTION

**WAC 275-56-670 COMMUNITY SUPPORT SERVICES—CASE MANAGEMENT.** Case management services shall be provided to all enrolled community support services clients.

(1) The case manager shall review all available treatment records and shall participate, if possible, in discharge planning.

(2) A plan for case management services as part of the service plan shall be collaboratively developed, implemented, and updated.

(a) The client shall participate in case management planning and implementation according to the client's ability.

(b) Case management planning shall document the involvement of the client's family and/or significant others as appropriate and available, and as consistent with standards relating to confidentiality.

(c) Case management shall be implemented in the service plan and shall be reviewed by the supervisor.

#### NEW SECTION

**WAC 275-56-675 COMMUNITY SUPPORT SERVICES—COORDINATION OF OTHER SUPPORTIVE SERVICES.** Case management shall facilitate and coordinate all necessary mental health, health, social, and other supportive services on the client's behalf.

(1) The case manager shall consult regularly as needed with other significant persons, such as:

- (a) Physicians,
- (b) Attorneys,
- (c) Child protective services,
- (d) Probation officers,
- (e) Senior services providers,
- (f) Family,
- (g) Landlords, and

(h) Public assistance or Social Security.

(2) The case manager shall maintain contact with county staff responsible for client tracking.

(3) When a client is served by a case manager, not the primary therapist, the case manager shall meet with or otherwise contact the client at least twice monthly to ascertain needs and provide necessary supportive services.

(4) All case management contacts and services shall be documented in the client's record.

#### NEW SECTION

**WAC 275-56-680 PREADMISSION SCREENING SERVICES—WRITTEN DESCRIPTIONS.** There shall be written descriptions of preadmission screening services specifying expected outcomes of such services.

(1) Descriptions shall include:

(a) Nature and availability of services;

(b) Qualifications of staff;

(c) Usual referral sources and procedures.

(2) Descriptions shall include protocols for development of and response to referrals, maintenance of liaison with state facilities, and preadmission screening services.

(3) Expected outcomes shall be stated in terms of appropriate utilization of state-operated voluntary and involuntary facilities and diversion to less restrictive alternatives.

#### NEW SECTION

**WAC 275-56-685 PREADMISSION SCREENING SERVICES—STAFFING.** Preadmission screening services shall be provided by qualified staff.

(1) Preadmission screening services shall be coordinated by a mental health professional with at least one year of supervised experience working with acutely and chronically mentally ill patients.

(2) Staff providing screening services shall be trained in the use of reliable and valid methods of assessing clinical status, severity of disturbance, and appropriateness of state hospital admission.

#### NEW SECTION

**WAC 275-56-690 PREADMISSION SCREENING SERVICES—WORKING AGREEMENTS.** Working agreements shall be established with agencies and professionals regarding referral of clients for preadmission screening and disposition.

(1) Agreement shall be established with:

(a) Local courts,

(b) Law enforcement agencies,

(c) Child protective services,

(d) Hospital emergency rooms,

(e) Juvenile justice authorities,

(f) Other social, health, and mental health agencies, and

(g) Physicians, psychologists, and other local mental health professionals.

(2) All such referral sources shall be informed of the availability of such services and requested to utilize the services in lieu of direct referral to state facilities.

(3) Liaison and information updates shall be maintained with admitting and program staff of state hospitals, PORTAL, and the child study and treatment center.

#### NEW SECTION

**WAC 275-56-695 PREADMISSION SCREENING SERVICES—AVAILABILITY.** Screening shall be provided for voluntary admission to state mental health facilities. Information, screening, and assessment shall be provided to persons on referral from the courts, other public agencies or professionals to determine needs for and appropriateness of admission to state facilities.

(1) Face-to-face assessment shall be available during all regular operational hours.

(2) Telephone response and information shall be available on a twenty-four hour per day, seven day per week basis.

(3) Up to three screening contacts with mentally ill persons, significant others, and/or referral sources may be provided without intake.

#### NEW SECTION

**WAC 275-56-700 PREADMISSION SCREENING SERVICES—SERVICE DELIVERY.** Preadmission screening shall consist of assessment of client status and need for inpatient services, recommendations to referring agencies or professionals, and facilitation of admission.

(1) Assessment of client status and need may be accomplished through:

(a) Face-to-face interview and standardized assessment procedures;

(b) Face-to-face or telephone contact with referral source when client contact cannot be accomplished.

(2) Assessment shall always consider less restrictive alternatives.

(3) Recommendations shall be made to referral sources regarding admission to state facilities. Recommendations by telephone shall be followed up in writing.

(4) Staff shall facilitate voluntary admission to state facilities.

(5) Arrangement shall be made for direct admission to a state hospital when a determination has been made the person meets criteria for involuntary treatment and no alternative is available.

#### NEW SECTION

**WAC 275-56-705 PREADMISSION SCREENING SERVICES—RECORD OF PREADMISSION SCREENING SERVICES.** A record of all preadmission screening services shall be maintained. The record shall document:

(1) Client name and other identifiers specified by the department;

(2) Referring agency and person;

(3) Referral information, including appropriateness of involuntary treatment;

(4) Services provided, including records of assessment procedures and data;

(5) Recommendations;

(6) Disposition;

(7) Activities of agency staff to facilitate admission, when recommended.

#### NEW SECTION

**WAC 275-56-710 INPATIENT SERVICES—WRITTEN DESCRIPTIONS.** There shall be written descriptions of inpatient services specifying expected outcomes of such services.

(1) Descriptions shall include:

(a) Number of beds in:

(i) Locked, and/or

(ii) Unlocked facilities.

(b) Nature of service;

(c) Qualifications of staff and of affiliated and consulting staff;

(d) Criteria for admission and discharge;

(e) Expected length of stay;

(f) Provisions for continuity of care between inpatient and other community mental health services.

(2) Descriptions shall include protocols for implementation of all service components.

(3) Expected outcomes for clients in inpatient services shall be stated, as much as possible, in behavioral terms.

#### NEW SECTION

**WAC 275-56-715 INPATIENT SERVICES—STAFFING.** Inpatient mental health services shall be provided by qualified staff.

(1) Inpatient services shall be under the general direction of a psychiatrist.

(2) Services shall be provided by or under the supervision of mental health professionals with at least one year experience in psychiatric inpatient settings.

(a) A registered nurse (chapter 18.88 RCW) with at least two years psychiatric experience shall be available twenty-four hours per day, seven days per week.

(b) At least one registered nurse or licensed practical nurse with psychiatric inpatient experience shall be on duty at all times.

(c) Other nursing staff shall be experienced and/or shall have inservice training in mental health services appropriate to treatment of acutely mentally ill persons.

(d) Other regular mental health professional staff shall include at least one-half full-time equivalent (FTE):

(i) Psychologist licensed pursuant to chapter 18.83 RCW,

(ii) Social worker, and

(iii) Certified occupational therapist.

#### NEW SECTION

**WAC 275-56-720 INPATIENT SERVICES—SERVICE DELIVERY.** Inpatient services shall be provided only in facilities licensed by the state of Washington department of social and health services or operated by the federal government.

(1) Provider-operated inpatient facilities shall be so licensed.

(2) Providers without inpatient facilities shall refer clients only to facilities so licensed or operated.

**NEW SECTION**

**WAC 275-56-725 INPATIENT SERVICES—RANGE OF SERVICES.** Inpatient services shall include a full range of medical and mental health services to meet the needs of acutely mentally ill persons for acute, intensive care.

- (1) Services shall include at least the following:
  - (a) Emergency services;
  - (b) Admission and all residential services;
  - (c) All necessary medical diagnostic and treatment services;
  - (d) Psychodiagnostic services;
  - (e) Social services;
  - (f) Individualized treatment plans to include, as appropriate:
    - (i) Psychotropic medication with monitoring of effects and side-effects;
    - (ii) Individual and/or family psychotherapy;
    - (iii) Group psychotherapy;
    - (iv) Milieu therapy.
- (2) Neurological evaluation and treatment shall be available as needed.
- (3) Discharge planning shall be provided in cooperation with community support and other appropriate outpatient or day treatment service providers.

**NEW SECTION**

**WAC 275-56-730 RESIDENTIAL SERVICES—WRITTEN DESCRIPTIONS.** There shall be written descriptions of residential services specifying expected outcomes of such services.

- (1) Descriptions shall include:
  - (a) Nature and location of residential facility or facilities;
  - (b) Number of beds for each level of care;
  - (c) Nature of mental health services;
  - (d) Qualifications of residential and treatment staff;
  - (e) Criteria for admission and discharge;
  - (f) Coordination with other community services;
  - (g) Provisions for health, recreational, vocational, and educational services;
  - (h) Provisions for resident governance and responsibilities for treatment facilities, congregate care facilities, and group homes.
- (2) Descriptions shall include protocols for implementation of residential and mental health services.
- (3) Expected outcomes for clients shall be related to needs for transition or maintenance, and shall be stated, as much as possible, in behavioral terms.

**NEW SECTION**

**WAC 275-56-735 RESIDENTIAL SERVICES—STAFFING.** Residential services shall be provided by qualified staff. Residential mental health services shall be directed by a mental health professional.

**NEW SECTION**

**WAC 275-56-740 RESIDENTIAL SERVICES—SERVICE DELIVERY.** Residential services shall be provided in facilities licensed under chapter 71.12 RCW,

in congregate care facilities contracting with the department, or in foster homes or group homes licensed under chapter 74.15 RCW.

(1) Residential facilities operated by providers of other mental health services shall comply with chapter 248-23 or 248-25 WAC.

(2) Foster homes and group homes shall comply with chapter 388-73 WAC.

(3) Residential facilities serving acutely or chronically mentally ill or seriously disturbed persons shall provide or contract for mental health services meeting state minimum standards for community mental health programs.

(a) When mental health services are provided by facility staff, the services shall meet all applicable standards herein required for such services.

(b) Residential facilities shall contract for mental health services only with licensed service providers.

**NEW SECTION**

**WAC 275-56-745 RESIDENTIAL SERVICES—RANGE OF SERVICES.** A full range of mental health services shall be available to acutely and chronically mentally ill and seriously disturbed persons in participating residential facilities.

- (1) The following services shall be available:
  - (a) Emergency services,
  - (b) Outpatient services,
  - (c) Day treatment services,
  - (d) Community support services, and
  - (e) Preadmission screening services.
- (2) Services shall be planned and implemented so as to facilitate client transition to more or less independent living based on functioning level and needs.

**WSR 82-19-014  
PROPOSED RULES  
DEPARTMENT OF  
SOCIAL AND HEALTH SERVICES  
(Institutions)**

[Filed September 8, 1982]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Social and Health Services intends to adopt, amend, or repeal rules concerning community mental health programs, new chapter 275-56 WAC.

These rules were adopted on an emergency basis on September 1, 1982.

Correspondence concerning this notice and proposed rules attached should be addressed to:

David A. Hogan, Director  
Division of Administration  
Department of Social and Health Services  
Mailstop OB 33-C  
Olympia, WA 98504

Interpreters for people with hearing impairments and brailled or taped information for people with visual impairments can be provided. Please contact William B. Pope, Chief, Office of Administrative Regulations, at

State Office Building #2, 12th and Franklin, Olympia, Phone (206) 753-7015, by November 2, 1982. The meeting site is in a location which is barrier free;

that the agency will at 2:00 p.m., Tuesday, November 16, 1982, in the Large Conference Room, General Administration Building, Olympia, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on November 24, 1982.

The authority under which these rules are proposed is chapter 204, Laws of 1982.

The specific statute these rules are intended to implement is chapter 204, Laws of 1982.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before November 16, 1982.

Dated: September 7, 1982

By: David A. Hogan

Director, Division of Administration

### STATEMENT OF PURPOSE

This statement is being filed pursuant to RCW 34.04.025.

The following sections are to be repealed: WAC 275-25-700 through 275-25-770. The following sections are to be amended to eliminate all references to mental health services: WAC 275-25-020, 275-25-030 and 275-25-040. New sections WAC 275-56-005 through 275-56-745.

**Purpose of the Rule Change:** To meet the requirements set forth in section 4, chapter 204, Laws of 1982 (ESSB 4786) which replaced chapter 71.24 RCW. Chapter 275-56 WAC will replace or amend chapter 275-25 WAC by eliminating all references to mental health.

**The Reason These Rules are Necessary:** To comply with section 4, chapter 204, Laws of 1982, which became effective on June 10, 1982.

**Statutory Authority:** Section 4, chapter 204, Laws of 1982.

**Summary of Rule Change:** Directs counties to develop biennial needs assessments; contract with licensed service providers or operate as a licensed provider if it would be more cost-effective; monitor and audit providers; assure that the special needs of minorities, children, the elderly, and low-income persons are met within established priorities; and coordinate services for patients moving through the community program into a state mental hospital. Requires each county program to provide outpatient services, 24-hour emergency care services, day treatment, patient screening, consultation and education services, residential and inpatient services if the county so chooses, and community support services for acutely and chronically mentally ill persons. Established priority for access to treatment to be (1) the acutely mentally ill; (2) the chronically mentally ill; and (3) the seriously disturbed. Enumerates the Department of Social and Health Services duties related to licensing service providers and evaluating county performance.

Proposed chapter 275-56 WAC eliminates mental health from the following sections which were adopted to

meet the requirements of chapter 71.24 RCW: WAC 275-25-020 Plan Development and Submission, WAC 275-25-030 Program Operations, WAC 275-25-040 Appeal Procedure and WAC 275-25-700 through 275-25-770 relating to community mental health priorities, services, clinical and staffing requirements, clinical rights, state/county funding formula, and referrals to state hospitals.

Chapter 275-56 WAC, which consists of 151 new sections, provides for the implementation of chapter 204, Laws of 1982 (ESSB 4786), which includes changes for plan development submission, program operation, appeal procedures, mental health priorities, clients rights, funding formula, and referrals to state hospitals.

The community mental health service providers are public or non-profit corporations; therefore, it has not been necessary for the department to meet the requirements set forth in the Regulatory Fairness Act.

**Person Responsible for Drafting, Implementation and Enforcement of Rule:** Henry Tomes, Ph.D., Assistant Director, Community Mental Health Programs, Mental Health Division, Phone: 753-5414, Mailstop: OB 42-F.

### Chapter 275-56 WAC

### COMMUNITY MENTAL HEALTH PROGRAMS

#### NEW SECTION

**WAC 275-56-005 PURPOSE AND AUTHORITY.** Chapter 275-56 WAC establishes rules and regulations for county administration of community mental health programs, licensing service providers, information, accountability, contracts and services. Chapter 275-56 WAC is adopted under authority of chapter 71.24 RCW.

(1) The rules and regulations of county administration are specified in two areas:

(a) County administration and planning (WAC 275-56-025 through 275-56-065), and

(b) County fiscal administration (WAC 275-56-070 through 275-56-110).

(2) Minimum standards for licensing service providers are specified in four areas:

(a) Licensing procedures (WAC 275-56-115 through 275-56-130);

(b) Organizational administration of the provider agency, including

(WAC 275-56-135 through 275-56-335):

- (i) Administration;
- (ii) Provider fiscal administration;
- (iii) Personnel management;
- (iv) Quality assurance;
- (v) Program evaluation;
- (vi) Facilities.

(c) Services administration, including (WAC 275-56-340 through 275-56-540):

- (i) Accessibility and awareness of services;
  - (ii) Client rights;
  - (iii) Client entry, service planning, and service operations;
  - (iv) Client records.
- (d) Services, including (WAC 275-56-545 through 275-56-745):
- (i) Emergency services;
  - (ii) Outpatient services;
  - (iii) Day treatment services;
  - (iv) Consultation and education services;
  - (v) Community support services;
  - (vi) Preadmission screening services;
  - (vii) Inpatient;
  - (viii) Residential services.

#### NEW SECTION

**WAC 275-56-010 PRIORITY POPULATIONS.** Chapter 275-56 WAC establishes rules, regulations, and standards for community mental health programs providing for:

(1) Access to mental health services for residents of the state of Washington who, in priority order, are:

- (a) Acutely mentally ill;
- (b) Chronically mentally ill;
- (c) Seriously disturbed.

(2) Mental health services recognizing the special needs of underserved groups within the priority populations, including:

- (a) Minorities,
- (b) Children,
- (c) Elderly,
- (d) Disabled, and
- (e) Low-income persons.

#### NEW SECTION

WAC 275-56-020 DEFINITIONS. For the purposes of the rules, regulations, and standards of chapter 275-56 WAC, the following words and phrases shall have the following meaning:

(1) "Acutely mentally ill" means a condition limited to a short-term severe crisis episode of:

- (a) A mental disorder as defined in this chapter;
- (b) Being gravely disabled as defined in this chapter; or
- (c) Presenting a likelihood of serious harm as defined in this chapter.

(2) "Case Management" means assistance to the client and family or significant others to obtain, maintain or develop an appropriate place for the client in the community. This service involves assistance in obtaining the full range of needed services, routine monitoring, supervision of client's functioning, and establishing and maintaining support for the client and his or her family or significant others.

(3) "Chronically mentally ill" means a person having a mental disorder and meeting at least one of the following criteria:

(a) Has undergone two or more episodes of hospital care for a mental disorder within the preceding two years;

(b) Has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months duration within the preceding year; or

(c) Has been unable to engage in any substantial gainful activity by reason of any mental disorder which has lasted for a continuous period of not less than twelve months.

(4) "Clinical staff member" means a regularly employed or contracted line staff member or supervisor engaged to any extent in providing direct evaluative, diagnostic, or therapeutic services to clients. The term does not include volunteers, students, or consultants.

(5) "Community mental health program" means the total mental health program established by a county or group of counties acting in combination for the purpose of providing mental health services in accordance with the Community Mental Health Services Act, chapter 71.24 RCW.

(6) "Community Mental Health Services Act" means chapter 71.24 RCW.

(7) "Community support services" means those services for acutely and chronically mentally ill persons which include:

(a) Discharge planning for clients leaving state hospital and other acute care inpatient facilities;

(b) Sufficient contacts with clients, family or significant other to provide for an effective program of community maintenance; and

(c) Medication monitoring.

(8) "Consultation" means review and recommendations regarding the job responsibilities, activities, or decisions of administrative, clinical, or clerical staff, contracted employees, volunteers, or students by a person or persons with appropriate knowledge and experience to make such recommendations. This definition does not constitute a definition of consultation and education.

(9) "Consultation and education" means those services provided to assist others in the community to understand and care for acutely and chronically mentally ill and seriously disturbed persons and includes:

(a) Consultation to other community providers, and

(b) Educational and public information services.

(10) "Consumers" means persons, couples or families receiving clinical coordinative or supportive services.

(11) "Crisis" means a situation where, because of severe internal or external stresses, a person is experiencing serious disruption in cognitive, volitional, social or physiological functioning.

(12) "Day treatment services" means those services for mentally ill persons which include training in basic living and social skills, supported work, vocational rehabilitation, day activities, and may include therapeutic treatment.

(13) "Direct treatment services" means clinical or coordinative services provided directly to consumers to meet the consumer's mental health needs, as distinct from activities conducted with other persons, organizations, or groups on behalf of consumers, and also as distinct from supervisory, consultative or training activities conducted with regard to consumers or services.

(14) "Emergency" means a situation where there is likelihood of serious harm to person or persons or property resulting from the actions or threatened actions of a mentally ill person.

(15) "Emergency services" means those response and intervention services provided to persons experiencing mental health emergencies or crisis and include:

(a) Twenty-four hour telephone response;

(b) On-site intervention, evaluation and treatment;

(c) Crisis stabilization services.

(16) "Gravely disabled" means a condition where a person, as a result of a mental disorder:

(a) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or

(b) Manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognition or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

(17) "Inpatient services" means a direct treatment modality in which the client is under the auspices of a hospital twenty-four hours per day for evaluative, diagnostic, and therapeutic purposes. Inpatient services are provided in a psychiatric hospital or in a general hospital, or skilled nursing facility. The treatment must include overnight care, but the client may spend time outside the treatment facility as part of the therapeutic process.

(18) "Material adjustment" means a budget revision equaling ten percent of a budget category or five hundred dollars, whichever is greater.

(19) "Mental disorder" means any organic, mental, or emotional impairment having substantial adverse effect on an individual's cognitive or volitional functions.

(20) "Mental health services" means:

(a) Community services pursuant to chapter 71.24 RCW, and as defined in chapter 275-56 WAC, including:

(i) Outpatient services;

(ii) Emergency services;

(iii) Day treatment;

(iv) Screening for patients being considered for admission to state mental health facilities;

(v) Consultation and education services;

(vi) Community support services;

(vii) Inpatient and residential services (optional services).

(b) Other services provided by the state for the mentally ill.

(21) "Mentally ill persons" and "the mentally ill" means a person or condition defined in this chapter as:

(a) Acutely mentally ill;

(b) Chronically mentally ill;

(c) Seriously disturbed.

(22) "Minority" or "ethnic minority" means any of the following general population groups:

(a) American Indian or Alaskan native,

(b) Asian or Pacific Islander,

(c) Black,

(d) Hispanic.

(23) "Outpatient services" means those services provided in less than a residential or day treatment setting for clients whose dysfunction is not so severe as to need such intense or restrictive service. Outpatient services may include, but are not limited to, evaluation, diagnosis, psychotherapy, medication management, and activities therapy.

(24) "Preadmission screening services" means those services provided for patients being considered for admission to state hospital facilities to determine the appropriateness of admission.

(25) "Properly executed accounting documents" means accounting documents processed in a manner consistent with agency policies and procedures and providing sufficient and adequate documentation for an audit of the agency's financial transactions.

(26) "Provider" means licensed service provider as defined in chapter 71.24 RCW.

(27) "Residential services" means a facility or distinct part thereof which provides food, clothing, shelter, and may include day treatment services as defined in this chapter, for acutely mentally ill, chronically mentally ill, or seriously disturbed persons. Such facilities include, but



are not limited to, congregate care facilities providing mental health client services as stipulated by contract with the department beginning January 1, 1982.

(28) "Seriously disturbed person" means a person who:

(a) Is gravely disabled or presents a likelihood of serious harm to self or others as a result of a mental disorder as defined in chapter 71.05 RCW;

(b) Has been on conditional release status at some time during the preceding two years from an evaluation and treatment facility or a state mental health hospital;

(c) Has a mental disorder which causes major impairment in several areas of daily living;

(d) Exhibits suicidal preoccupation or attempts; or

(e) Is a minor child diagnosed by a mental health professional as defined in RCW 71.05.020, as experiencing a mental disorder which is clearly interfering with the child's functioning in family or school or with peers or is clearly interfering with the child's personality development and learning.

(29) "Supervision" means:

(a) Regular or occasional oversight of the administrative, clinical or clerical work performance of staff, students, volunteers or contracted employees by person or persons with the authority to give direction and require change.

(b) Supervision of clinical and case management functions must involve detailed, regular, ongoing examination of evaluative, diagnostic, therapeutic, coordinative, or supportive activities and decisions of the supervisee. Supervision includes regular review and evaluation of treatment progress.

(30) "Training" means planned educational events or activities designed to instill or enhance skills and to increase knowledge.

#### NEW SECTION

**WAC 275-56-025 COUNTY ADMINISTRATION AND PLANNING—BIENNIAL MENTAL HEALTH NEEDS ASSESSMENT.** The county authority shall submit to the department a biennial mental health needs assessment.

(1) A biennial needs assessment shall be prepared for residents of the county who are acutely mentally ill, chronically mentally ill, or seriously disturbed, including minorities, children, elderly, disabled, and low-income groups in these priority populations. The biennial needs assessment shall determine need with respect to mental health services required by the Community Mental Health Services Act.

(2) The biennial needs assessment will include:

(a) Estimates of the type and extent of significant mental health needs of the mentally ill, including estimates of the number of chronically mentally ill persons, seriously disturbed persons, and acute crises occurring in the county during the biennium.

(b) A projection of the amount and type of mental health services necessary to meet identified mental health needs of the acutely mentally ill, chronically mentally ill, and seriously disturbed.

(c) Identification of public and private resources available to meet the mental health needs of the acutely mentally ill, chronically mentally ill, and seriously disturbed, including:

(i) Identification of all licensed service providers in the county.

(ii) Assessment of the capability of the current mental health program and mental health providers to meet the needs of the mentally ill.

(d) A prioritization of needs for mental health services including a ranking of the program changes and additions necessary to meet identified mental health needs of the mentally ill.

(3) The biennial needs assessment shall be conducted in accordance with department guidelines for needs assessment.

#### NEW SECTION

**WAC 275-56-030 COUNTY ADMINISTRATION AND PLANNING—BIENNIAL MENTAL HEALTH SERVICE PLAN AND BUDGET.** The county authority shall submit to the department a biennial mental health service plan and budget.

(1) The biennial plan shall address the needs identified in the biennial needs assessment for the acutely mentally ill, chronically mentally ill, and seriously disturbed, including minorities, children, elderly, disabled, and low-income groups in these priority populations. The biennial plan shall be developed based on state and county mental health fund allocations and priorities established in the biennial needs assessment.

(2) The biennial plan shall include the following components:

(a) A work statement identifying needs to be met, goals and objectives, an action plan for delivery of mental health services, and program development activities related to needs identified in the biennial needs assessment. The work statement shall include all mental health services required by the Community Mental Health Services Act.

(b) A budget identifying revenues and expenditures for mental health services, program development activities, and administration of the mental health program and services. The budget will be submitted in accordance with the requirements specified in WAC 275-56-080.

(3) The biennial plan shall be developed in accordance with the planning guidelines of the department.

(4) Any provider having applied to participate in the county mental health program under authority of the Community Mental Health Services Act and who objects to planning decisions regarding the biennial plan may appeal for a hearing before the county authority. When an appeal is made, the county authority shall review the appeal and notify the provider, in writing, of the appeal disposition within thirty days after the appeal has been received.

(5) Any county objecting to the department's disposition of the county's plan may request an administrative review pursuant to the Administrative Procedure Act, chapter 34.04 RCW.

#### NEW SECTION

**WAC 275-56-035 COUNTY ADMINISTRATION AND PLANNING—AVAILABILITY AND ACCESSIBILITY OF REQUIRED MENTAL HEALTH SERVICES FOR ACUTELY MENTALLY ILL, CHRONICALLY MENTALLY ILL, AND SERIOUSLY DISTURBED PERSONS.** The biennial plan shall ensure required mental health services are available and accessible to the acutely mentally ill, chronically mentally ill, and seriously disturbed including underserved groups in the priority populations.

(1) The following mental health services shall be available to acutely mentally ill, chronically mentally ill, and seriously disturbed persons in accordance with the priorities established in the biennial needs assessment:

(a) Emergency care services for twenty-four hours per day;

(b) Screening for patients being considered for admission to state mental health facilities;

(c) Community support services;

(d) Day treatment;

(e) Outpatient services;

(f) Consultation and education services;

(g) Inpatient services (optional);

(h) Residential services (optional).

(2) The biennial plan shall ensure mental health services are available to priority clients throughout the county.

(a) Services shall be located within a reasonable distance of all county residents.

(b) Emergency outreach and community support services shall be available to mentally ill persons who, because of situation, age, or disability, cannot travel to facilities where mental health services are provided.

(3) The biennial plan shall demonstrate that mental health services are designed for and available to children, elderly, minorities, disabled, and low-income persons who are acutely mentally ill, chronically mentally ill or seriously disturbed.

(a) The biennial plan shall ensure services directed to persons under eighteen years of age shall be provided by or under the supervision of a child mental health specialist as defined in WAC 275-56-250(2).

(b) The biennial plan shall ensure services directed to persons sixty years of age or older shall be provided by or under the supervision of a geriatric mental health specialist as defined in WAC 275-56-250(4).

(c) In county mental health programs where a particular ethnic minority population constitutes three thousand persons or three percent or more of the area's total population, the biennial plan shall ensure services are available which:

(i) Are designed for and accessible to historically underserved minority populations;

(ii) Are provided by, supervised, and/or utilize the consultation of minority mental health specialist or specialists, as defined in WAC 275-56-250(5), when the specialized skills of the person or persons are determined to improve the quality of the client's care; or

(iii) Are provided through established working relationships and/or contractual relationships with minority agencies or programs employing a minority mental health specialist or specialists, as defined in WAC 275-56-250(5), to provide all or part of the treatment services to minority people.

(e) The biennial plan shall ensure barriers to utilization of services by disabled persons are removed or minimized by contracting with agencies whose services meet the requirements of Section 504 of the Rehabilitation Act of 1974, and provide for the availability of consultation and/or direct service of persons with special skills for serving disabled clients.

(f) Bilingual personnel shall be available to serve non-English and limited-English speaking persons.

(4) Where child, geriatric, and/or minority mental health specialists are unavailable to provide services necessary to meet the needs of the mentally ill, the biennial plan shall demonstrate:

(a) The county has made a reasonable effort to acquire the services of the specialist required; or

(b) The county is developing a training program or seeking outside resources to provide training to assist existing employees of the mental health program in acquiring necessary specialist skills.

#### NEW SECTION

WAC 275-56-040 COUNTY ADMINISTRATION AND PLANNING—PROVIDERS ELIGIBLE FOR FUNDING. The county authority shall ensure the biennial plan is inclusive of only licensed service providers.

(1) The county may become a licensed service provider under the following conditions:

(a) No other licensed service provider is available to provide the mental health services; or

(b) The county has demonstrated to the department that the county can provide mental health services more efficiently and cost effectively than an available licensed service provider or providers without loss of quality of care; and

(c) The county-operated program meets minimum standards for licensure as a service provider.

(2) Where the county becomes a licensed service provider of mental health services, the department shall meet the following responsibilities of the county authority for the services:

(a) Contract monitoring of the provider (WAC 275-56-055).

(b) Fiscal auditing of the provider (WAC 275-56-110).

(3) If the county decides not to participate in the community program, the department shall assume all responsibilities of the county authority for administering community mental health services in the county.

(4) Provider organizations contracting with the county for mental health services shall be licensed by the department in accordance with Washington state minimum standards for community mental health programs.

(5) Contracts with an individual practitioner or practitioners licensed under chapters 18.71, 18.83 or 18.88 RCW and shall require all fiscal accountability and patient tracking information as defined in this chapter. The county shall also:

(a) Determine additional standards specified for community mental health applicable to individual practitioners;

(b) Specify those standards in contracts with all individual practitioners as terms and conditions of the contract;

(c) Monitor contract compliance with standards determined applicable to individual practitioners.

#### NEW SECTION

WAC 275-56-050 COUNTY ADMINISTRATION AND PLANNING—BIENNIAL PLAN AS A BASIS FOR CONTRACTING. The county authority shall utilize the biennial plan and budget as a basis for contracting.

(1) The biennial plan shall form the basis for the county contract with the department. The work statement and budget shall be incorporated into the contract.

(2) The contract between the county and the department shall serve as the basis for county contracts with providers.

(3) The county shall utilize standardized contract terms and conditions consistent with department guidelines for contracting and including requirements for at least the following:

(a) Reporting of funding and statistical information on all mental health services offered by the provider,

(b) Compliance with minimum standards for community mental health programs.

(4) The county shall not implement the biennial plan prior to department determination of the plan's compliance with standards.

#### NEW SECTION

WAC 275-56-055 COUNTY ADMINISTRATION AND PLANNING—COUNTY MONITORING OF LICENSED SERVICE PROVIDERS. The county authority shall be responsible for monitoring licensed service providers having contracted with the county to provide mental health services.

(1) The county authority shall evaluate, at least annually, the licensed service providers' compliance with contract terms, including:

(a) Progress toward attainment of goals and objectives specified in the contract;

(b) Compliance with the work statement as specified in the contract;

(c) The amount and type of mental health services provided to the mentally ill including utilization of services by priority populations and underserved groups in these populations;

(d) Progress toward program development specified in the contract.

(2) Each biennium, the county authority shall conduct a program and fiscal audit of the provider. The county shall use a standardized, formal process developed by the department for the program audit.

(3) The county shall notify the department of any findings resulting from the county's monitoring of licensed service providers indicating the provider is not in compliance with contract terms or minimum standards. The county shall submit a written report of the program and fiscal audits to the department.

(4) The responsibilities specified in this section may be given to one county where a combination of counties have established a community mental health program and the administration of the program is provided by one county.

#### NEW SECTION

WAC 275-56-060 COUNTY ADMINISTRATION AND PLANNING—CLIENT TRACKING INFORMATION. The county authority shall be responsible for ensuring the client tracking information for the chronically mentally ill is maintained.

(1) Information on all chronically mentally ill persons shall be maintained in a single centralized file or record.

(a) The centralized file or record shall contain information identifying the provider or providers responsible for serving the client including at least the following information:

(i) Client identifier enabling the client to be uniquely identified in any service he or she receives.

(ii) Name of the state hospital, certified evaluation and treatment facility or community inpatient facility or licensed service provider releasing the client and the date of the release.

(iii) Identification of the provider or providers where the client was referred in the community upon release from the state hospital, certified evaluation and treatment facility or community inpatient facility or licensed service provider, including case management services.

(iv) Service participation in the mental health program since the most recent date of release from the state hospital or certified state evaluation and treatment facility or licensed service provider or community inpatient facility, including provider name, service assignment, and dates of service.

(b) The county may contract with a licensed service provider to maintain the centralized file or record.

(2) The client tracking information shall be provided to the county by state hospitals, certified evaluation and treatment facilities, involuntary treatment mental health professionals, and licensed service providers under contract to the county authority or the department.

(a) Referring provider entities referenced in this section providing the county with client tracking information shall follow an established procedure for notification of client release.

(b) Providers receiving a client released to the county and referred to the provider by a state hospital, certified evaluation and treatment facility, community inpatient facility or licensed service provider shall notify the county of the disposition of the referral, and any subsequent referrals, transfers, and terminations of the client.

(c) The county may utilize the department's centralized client tracking system to meet the requirements of this section.

(3) The confidentiality of information contained in the client tracking file or record shall be maintained in accordance with WAC 275-56-375 and RCW 71.05.390 through 71.05.440. All county personnel or provider employees having access to the client tracking file or record shall be instructed in the confidentiality requirements referenced in this section. A statement signed by the individual acknowledging his or her employee understanding and agreement to abide by these requirements

shall be kept on file by the county, and where applicable, by the provider.

(4) A single centralized client tracking file may be maintained where a combination of counties have established a community mental health program and the administration of the program is provided by one county.

(5) Client tracking information shall be retained for a period of not less than five years beyond the last contact with the client. When a client is a minor the record shall be maintained for a period of not less than three years beyond the client's eighteenth birthday, or five years beyond the last contact, whichever is the longer period of time.

#### NEW SECTION

**WAC 275-56-065 COUNTY ADMINISTRATION AND PLANNING—COUNTY COORDINATION OF SERVICES.** The county authority shall ensure coordination of services for the acutely mentally ill, chronically mentally ill, and seriously disturbed including underserved groups in these priority populations.

(1) The county authority shall utilize information from the client tracking system to ensure that efforts are made to provide services to all chronically mentally ill persons referred for community support services by a state hospital, certified evaluation and treatment facility, community inpatient facility or licensed service provider. If within two weeks the county has not been notified that a referral has been acted upon, then the county shall follow-up with the provider receiving the referral to determine the referral disposition. If the referral was not completed or was inappropriate, the county shall determine and document the reasons.

(2) The county shall utilize information from the client tracking system to routinely monitor the continuity of care for clients having entered community support services. The county shall be able to determine which provider is responsible for services to the client for all clients active in community support.

(3) The county shall utilize the client tracking information to assess the effectiveness of referral patterns at least annually.

(4) The county may contract with a licensed service provider to meet the requirements of this section.

#### NEW SECTION

**WAC 275-56-070 COUNTY FISCAL ADMINISTRATION—DISBURSEMENT OF FUNDS ADVANCED BY THE DEPARTMENT.** The county authority shall be responsible for establishing procedures to ensure proper application and use of funds advanced by the department for the community mental health program. The county shall maintain adequate documentation of disbursements of the advance account to subcontracting providers.

#### NEW SECTION

**WAC 275-56-075 COUNTY FISCAL ADMINISTRATION—REVIEW AND APPROVAL OF PROVIDER OR PROVIDERS BUDGET PROPOSALS OR REQUEST OR REQUESTS.** Provider or providers budget proposals or request or requests of the county shall be reviewed and formally approved for funding under the biennial plan. The budget proposed or requested by each provider for state and county mental health funds shall be reviewed for approval by the county authority.

#### NEW SECTION

**WAC 275-56-080 COUNTY FISCAL ADMINISTRATION—SUBMITTAL OF FORMAL, WRITTEN MENTAL HEALTH BUDGET.** In conjunction with the biennial plan, the county authority shall submit a formal, written mental health budget to the department.

(1) The written county budget shall include state and county mental health funds. The written county budget shall categorize estimated revenues and expenses according to the department's uniform account structure.

(2) The written mental health budgets of all providers contracting with the county shall be on file with the county. Provider budgets shall include anticipated revenues from state and county funding for mental health services. The provider budget shall categorize estimated revenues and expenses according to the department's uniform account structure.

(3) The written county budget shall be submitted to the department together with the county's biennial plan.

#### NEW SECTION

**WAC 275-56-085 COUNTY FISCAL ADMINISTRATION—REVIEW AND APPROVAL OF BUDGET AND REVISIONS.** The county mental health budget and all material budget revisions shall be reviewed and formally approved.

(1) The written county budget for state and county mental health funds shall be reviewed and approved by the county authority prior to submission of the budget to the department for the department's approval.

(2) All material adjustments to the county budget for state and county mental health funds shall be reviewed and approved by the county authority and the department.

(3) All county requests, including program plans, for federal funding to support any aspect of the mental health program shall be submitted to the department for prior review and approval before the request is submitted to any federal agency.

#### NEW SECTION

**WAC 275-56-090 COUNTY FISCAL ADMINISTRATION—ACCOUNTING RECORDS.** Accounting records shall adequately identify the sources and applications of state and county mental health funds.

(1) All revenues shall be clearly identified by the revenue account numbers required by the department.

(2) All expenses shall be recorded in a manner to show the department-defined budget category charged.

#### NEW SECTION

**WAC 275-56-095 COUNTY FISCAL ADMINISTRATION—SUPPORTING DOCUMENTATION.** Accounting records shall be supported by properly executed accounting documents. Records, supporting documentation, and statistical records shall be retained for a period of five years, with the following qualifications:

(1) If any litigation, claim, or audit is started before the expiration of the five-year period, the records shall be retained until all litigations, claims, or audit findings involving the records have been resolved.

(2) Records for nonexpendable property acquired shall be retained for five years after final disposition.

#### NEW SECTION

**WAC 275-56-100 COUNTY FISCAL ADMINISTRATION—REPORTING TO THE DEPARTMENT.** The county mental health fiscal management system shall include a reporting mechanism providing information regarding the fiscal performance of the county program.

(1) The county shall submit an original and one copy of the department-required financial report to the department on a semiannual basis.

(2) The semiannual financial report shall account for all mental health funds included in the county's contract with the department.

(3) The semiannual financial report shall be due in the department within forty days following the end of each reporting period.

#### NEW SECTION

**WAC 275-56-105 COUNTY FISCAL ADMINISTRATION—AUDITABILITY OF COUNTY MENTAL HEALTH FINANCIAL RECORDS.** All county mental health financial records shall be maintained to enable an audit of mental health funds.

(1) All county mental health financial records of mental health funds provided to the county by the department shall be maintained in an auditable format.

(2) County mental health financial records shall be available for audit upon request by the department or the department's designated audit agent.

#### NEW SECTION

**WAC 275-56-110 COUNTY FISCAL ADMINISTRATION—BIENNIAL FISCAL AUDIT OF LICENSED SERVICE PROVIDERS.** The county authority shall be responsible for performing a biennial fiscal audit of each licensed service provider receiving state and county funds.

(1) The biennial audit shall be conducted in accordance with applicable, generally accepted auditing standards (GAAS).

(2) Documentation shall verify that the reports of such audits have been reviewed by the responsible authority of the provider and by the county authority.

(3) The biennial audit shall be completed within twelve months following the end of the department's biennium.

(4) The county shall notify the department of any audit findings indicating the provider is not in compliance with the county's contract or with minimum standards for community mental health programs.

(5) On agreement between the county and the provider, the provider may have an independent audit performed to meet the requirements of the biennial county audit.

(6) Where state and county mental health funds can be separated from other funds, the county biennial audit shall apply only to state and county mental health funds. Otherwise the county shall perform a biennial fiscal audit of all mental health funds of the provider agency.

#### NEW SECTION

WAC 275-56-115 LICENSING PROCEDURES FOR PROVIDERS—APPLICABILITY OF MINIMUM STANDARDS FOR COMMUNITY MENTAL HEALTH PROGRAMS. Providers (excluding individual providers licensed under chapter 18.71, 18.83 or 18.88 RCW) shall be licensed by the department according to minimum standards for community mental health programs in order to receive state and county mental health funds.

(1) The following provider entities are subject to compliance with minimum standards for community mental health programs:

(a) Any profit or nonprofit private or public corporation employing three or more staff to provide services under contract to a county or to the department,

(b) Any mental health program composed of one or more public employees,

(c) Any unincorporated individual or group of individuals licensed under chapter 18.71, 18.83 or 18.88 RCW employing one or more staff to provide services under contract to a county or the department,

(d) Any unincorporated individual employing staff licensed under chapter 18.71, 18.83 or 18.88 RCW to provide services under contract to a county or the department.

(2) Providers contracting for all of the services required of the county program by the Community Mental Health Services Act shall meet all minimum standards for organizational administration, services administration, and services.

(3) Where the provider contracts for some but not all mental health services, the department shall determine the minimum standards for services administration and services applicable to the contracted services. All provider organizations shall meet all minimum standards for organizational administration.

(4) Where a provider is part of a superordinate structure (e.g., county, hospital, university), the standards for community mental health shall apply only to the community mental health component of that structure.

(5) Where a provider is able to separate contracted mental health services for the acutely mentally ill, chronically mentally ill, and seriously disturbed from mental health services provided other client populations, the community mental health standards shall apply only to the contracted services.

(a) The provider shall demonstrate to the department's satisfaction the contract services are distinct from other services with respect to the following criteria:

- (i) Budget,
- (ii) Revenue and expense accountability,
- (iii) Staffing,
- (iv) Identification in the organizational structure,
- (v) Fiscal auditability, and
- (vi) Planning.

(b) Standards for organizational administration of the provider shall apply to the administration of the entire organization.

(6) Exemptions, unless otherwise stated in chapter 275-56 WAC, shall be granted only when it is clearly demonstrated that a standard is not applicable to the provider's operations or services; or the provider, after having made every reasonable effort to comply, is prevented by circumstances or conditions from complying; or the staff member for whom the exemption is requested is the best qualified person, by reason of training, experience or demonstrable skills, available for a given position or function.

(a) Exemptions related to provider personnel qualifications may be requested in writing from the department for up to six months from the effective date of these rules.

(b) Requests for exemption from a standard shall be submitted in writing to the department in accordance with exemption procedures established by the department.

(i) Any and all information requested by the department to make a determination regarding the exemption shall accompany the request for exemption.

(ii) The department shall provide a written response to the request for exemption including the department's rationale for approving or disapproving the request.

(iii) The department's response to the request for exemption shall be provided in the report of the licensure review prepared by the department and submitted to the provider.

(c) The provider may appeal the department's exemption decision. The appeal shall be made in accordance with WAC 275-56-030(5).

#### NEW SECTION

WAC 275-56-120 LICENSING PROCEDURES FOR PROVIDERS—LICENSURE REVIEW. The department shall conduct an on-site review of the operations and services of each provider contracting for state and county mental health funds.

(1) The on-site review shall be conducted for the purpose of collecting and analyzing the information necessary for the department to determine whether a provider is in compliance with the standards specified in chapter 275-56 WAC.

(a) The department shall provide forty-five days written notice prior to the date scheduled for the on-site review.

(b) The notice of on-site review shall include specification of the advance information required by the department to conduct the licensure review. This information may include but shall not necessarily be limited to:

- (i) A current organizational chart;
- (ii) Budget for the current fiscal year and revenue and expense report for the previous fiscal year;
- (iii) The provider's most recent plan for services submitted to the county as input to the county biennial plan or the county plan;
- (iv) Statistical data describing the utilization of services and characteristics of the client population served, including acutely mentally ill, chronically mentally ill, seriously disturbed persons, and underserved groups in these priority populations;
- (v) Written descriptions of services;
- (vi) Statement of qualifications of all clinical staff;
- (vii) All written policies and procedures;
- (viii) Board bylaws;
- (ix) Board minutes for the provider's most recent full fiscal year;
- (x) Fee schedule;
- (xi) Staff compensation schedule and job classification scheme;
- (xii) Example letter of recruitment or job announcement;
- (xiii) Affirmation plan and most recent report;
- (xiv) Training plan;
- (xv) Quality assurance program documentation;
- (xvi) Utilization review criteria;
- (xvii) All program evaluation reports produced during the previous two years;
- (xviii) List of emergency resources;
- (xix) Contracts or written agreements with other providers;
- (xx) Extraordinary event records;
- (xxi) Drug inspection records;
- (xxii) Provider brochures describing services to the public;
- (xxiii) Statement of client rights.

(2) The provider shall respond to the department's request for information within fifteen days of the date of request. The provider shall include in the response any requests for exemptions from standards.

(3) The department shall prepare a report of the department's licensure review and make the report available to the provider within forty-five days of the last day of the on-site review. The report shall contain at least the following:

(a) Specification of any standards from which the provider has been exempted by the department.

(b) A statement of findings relative to each standard determined applicable by the department.

(c) For each applicable standard, a statement of whether the provider was determined to be in compliance with the standard, and if the provider is not, the reason for noncompliance.

(d) A description of action the provider must take in order to comply with standards where deficiencies were found.

(e) A statement of whether the provider has met licensure requirements and, if licensure is achieved, the services the provider is licensed to provide.

#### NEW SECTION

WAC 275-56-125 LICENSING PROCEDURES FOR PROVIDERS—LICENSURE STATUS. (1) The department shall, based on findings of a licensure review, assign the provider one of the following licensure statuses:

(a) Licensed:

(i) Under this status the provider is licensed to receive state and county mental health funds for the provider services reviewed by the department.

(ii) The department may require the provider to submit and implement a plan of correction to resolve deficiencies not seriously impairing the quality of care provided by the provider. The department may revoke the license if the provider does not implement the provider's plan of correction.

(iii) The department may conduct a new licensure review at any time the department has reason to believe the provider has not continued to comply with minimum standards for community mental health programs.

(iv) The department may revoke the license if the review yields clear and cogent evidence that the provider is not in compliance.

(b) Probationary licensure:

(i) Under this status the provider is licensed to receive state and county mental health funds for the services reviewed by the department and on the conditions specified by the department.

(ii) To achieve full licensure the provider shall demonstrate to the department the provider has met the conditions of the probationary status.

(iii) The provider shall request the department review the provider's corrective actions within six months of the notification of licensure status or the probationary status shall be revoked.

(iv) The department shall review the provider's corrective actions and make a determination of licensure status within six months of the date of the provider's request for review.

(v) Probationary status shall only be assigned a provider as an outcome of the department's first licensure review of a provider service.

(c) Provisional licensure:

(i) Provisional licensure shall be given all providers contracting for state and county mental health funds as of the effective date of chapter 275-56 WAC.

(ii) Provisional licensure shall remain in effect until notification of licensure status resulting from the department's first licensure review of the provider or until two years following the effective date of chapter 275-56 WAC.

(iii) Following the department's first licensure review the provider shall have the licensure status assigned by the department.

(2) State and county funding shall be terminated if the provider fails to attain licensure or probationary licensure.

(a) In the event the provider fails to attain licensure status, state and county funding shall be terminated thirty days following the department's notification to the provider of such failure.

(b) In the event the provider is assigned a probationary status and the provider does not request a review of the provider's corrective actions within six months of notification of probationary status, state and county funding shall be terminated within thirty days of the last day of that six-month period.

(c) In the event the provider is assigned a probationary status and the department determines, following the provider's request for review of corrective actions, the provider has failed to meet the conditions of the probationary status, state and county funding shall be terminated within thirty days of the department's notification of such failure.

(3) Providers failing to attain licensure may reapply no earlier than six months following the date of the department's notification the provider has failed to attain licensure.

(a) The application shall document the actions the provider has taken to correct deficiencies.

(b) If the application sufficiently demonstrates the provider has made every reasonable effort to correct deficiencies, the department shall schedule a licensure review to evaluate standards where the provider was out of compliance.

(4) The department shall relicense each licensed provider every two years.

#### NEW SECTION

WAC 275-56-130 LICENSING PROCEDURES FOR PROVIDERS—APPEALS OF THE DEPARTMENT'S LICENSING DECISION. The provider may appeal the department's licensing decision within thirty days of notification of the decision.

(1) The appeal shall be made in accordance with the Administrative Procedure Act, chapter 34.04 RCW.

(2) In the event of an appeal, state and county funding shall not be determined until thirty days following the notice of the appeal decision by the department.

#### NEW SECTION

WAC 275-56-135 PROVIDER ADMINISTRATION—POLICIES AND PROCEDURES. The provider shall have written policies and procedures for operations and administration.

(1) The provider's policies and procedures shall be available in manual form and shall include:

- (a) Fiscal administration,
- (b) Personnel management,
- (c) Affirmative action,
- (d) Staff training,
- (e) Volunteer and student services,
- (f) Quality assurance,
- (g) Client rights,
- (h) Client records,
- (i) Client entry, service planning, operations, and
- (j) Services.

(2) The manual shall be available to the board of directors and provider staff.

(3) The manual shall be reviewed and updated at least annually.

#### NEW SECTION

WAC 275-56-140 PROVIDER ADMINISTRATION—BOARD OF DIRECTORS. The provider agency shall have a board of directors.

(1) If incorporated, the provider agency shall have a board of directors legally constituted in accordance with the laws of incorporation of the state of Washington.

(2) If the provider is part of a superordinate structure (e.g., county, hospital, university) an advisory board may be established in place of a board of directors.

#### NEW SECTION

WAC 275-56-145 PROVIDER ADMINISTRATION—RESPONSIBILITIES OF THE BOARD OF DIRECTORS. The board of directors shall have authority over all policies of the provider.

(1) The board of directors shall be responsible for establishing policies of the provider.

(2) The board of directors shall approve the provider's total budget.

(3) The board of directors shall approve the provider's biennial plan and budget for services proposed for state and county funding. The board of directors shall approve the provider's contract with the county for mental health services. The contract shall be signed by the board of directors indicating approval of the contract.

(4) The roles and responsibilities of the board of directors will be defined in the board bylaws.

(5) If the provider is part of a superordinate structure (e.g., county, hospital, university) and has established an advisory board in place of a board of directors, the advisory board shall function in accordance with the policies set by the board of directors of the governing organization.

#### NEW SECTION

WAC 275-56-150 PROVIDER ADMINISTRATION—DESIGNATION OF ADMINISTRATOR. The provider shall designate an administrator responsible to the board of directors for administration of the provider's mental health services.

(1) The responsibilities of the administrator shall include the acquisition, control, utilization, and planning for the physical, human, and financial resources of the provider.

(2) The administrator may be the president, executive director, or chief executive officer. In a subordinate structure, the administrator may be the director or coordinator of mental health services responsible to an administrator at a higher level in the structure.

NEW SECTION

WAC 275-56-155 PROVIDER ADMINISTRATION—POLICY FORMULATION. The administrator shall assist the board of directors in formulating policy.

(1) The administrator shall periodically review the following items with the board of directors:

- (a) Long- and short-term plans;
- (b) Nature and extent of funding and other available resources;
- (c) Description of the operations of each program;
- (d) Efficiency and effectiveness of programs;
- (e) Budget and financial statements;
- (f) Personnel policies, procedures, and problem areas;
- (g) Results of quality of care and utilization reviews;
- (h) Compliance with the county contract including the results of program and fiscal audits.

(2) The administrator shall be responsible for implementing policies established by the board of directors.

(3) In a superordinate structure, the administrator may function in accordance with the roles and responsibilities established for the administrator position by the governing organization.

NEW SECTION

WAC 275-56-160 PROVIDER ADMINISTRATION—ORGANIZATIONAL STRUCTURE. The provider shall have an organizational structure specifying lines of authority and responsibility. The provider shall have an organizational chart identifying all programs and program interrelationships and lines of authority including the board of directors, administrator, administrative staff, program managers, and line staff positions.

NEW SECTION

WAC 275-56-165 PROVIDER ADMINISTRATION—SERVICE DELIVERY PLAN AND BUDGET. The provider shall prepare a service delivery plan (or proposal) and budget as input to the county's biennial plan.

(1) The plan or proposal shall specify measurable goals and objectives.

(2) The plan or proposal shall describe the consumer population served.

(3) The plan or proposal shall describe methods of service delivery the program will utilize to attain the program's goals and objectives.

(4) The plan or proposal shall include a projected biennial budget prepared in accordance with WAC 275-56-080(2).

(5) The plan or proposal and budget shall be submitted to the board of directors for approval prior to submission to the county.

(6) The plan or proposal and budget shall be submitted to the county to request state and county mental health funds in the next biennium.

(7) In counties providing all mental health services directly, the county's biennial plan may constitute the provider's plan for service delivery.

NEW SECTION

WAC 275-56-170 PROVIDER FISCAL ADMINISTRATION—FISCAL POLICIES AND PROCEDURES. The current fiscal policies and procedures of the provider shall be available in written form. Policies and procedures shall be defined in the following areas:

- (1) Accounts receivable,
- (2) Cash receipts and disbursements,
- (3) Accounts payable to include purchasing,
- (4) Payroll,
- (5) General ledger,
- (6) Internal control, and
- (7) Nonexpendable property and equipment.

NEW SECTION

WAC 275-56-175 PROVIDER FISCAL ADMINISTRATION—WRITTEN SCHEDULE OF FEES. The provider shall establish a written schedule of fees charged mentally ill clients for direct services.

(1) The provider shall establish a sliding fee schedule based on the resources available to the client to pay for mental health services and the provider's reasonable cost of operating the services.

- (a) The fee schedule shall be approved by the department.

(b) The fee schedule shall be accessible to program personnel and clients served by the provider under the provider's contract with the county for state and county mental health funds.

(2) Clients served by the provider under the provider's contract with the county for state available resources and county mental health funds shall be charged according to the sliding fee schedule. If clients served by the provider under the provider's contract with the county cannot be identified separately from other clients, this section shall apply to all acutely mentally ill, chronically mentally ill, and seriously disturbed clients.

NEW SECTION

WAC 275-56-180 PROVIDER FISCAL ADMINISTRATION—PROCEDURES TO MAXIMIZE REVENUES. The provider shall establish procedures to maximize revenues.

(1) Fees shall be charged to third parties whenever possible.

(2) Reasonable efforts shall be made to collect private fees.

(3) Fees shall be charged for consultation and education whenever possible.

(4) Noncash credits to receivables shall be approved by an appropriate administrative authority.

(5) All receipts shall be deposited promptly and intact.

(6) All services rendered shall be recorded and shall be billed as appropriate.

NEW SECTION

WAC 275-56-185 PROVIDER FISCAL ADMINISTRATION—BUDGET OF EXPECTED REVENUES AND EXPENSES. The provider shall prepare a formal, written budget of expected revenues and expenses. The written budget shall categorize revenues and expenditures by source. The written budget shall also categorize expenses by the types of services and/or program components provided.

NEW SECTION

WAC 275-56-190 PROVIDER FISCAL ADMINISTRATION—REVIEW AND APPROVAL OF BUDGET AND REVISIONS BY BOARD OF DIRECTORS. The written budget and all material budget revisions shall be reviewed and formally approved.

(1) The written budget shall be reviewed and approved by the board of directors prior to the beginning of the next fiscal year of operation.

(2) All material adjustments to the budget shall be reviewed and approved by the board of directors. All material adjustments to the budget for state available resources and county mental health funds shall be reviewed and approved by the county authority and the department.

NEW SECTION

WAC 275-56-195 PROVIDER FISCAL ADMINISTRATION—ACCOUNTING SYSTEM. The provider shall maintain an appropriate accounting system for administration of financial resources. The provider shall maintain the accounting system in accordance with applicable, generally accepted accounting principles (GAAP).

NEW SECTION

WAC 275-56-200 PROVIDER FISCAL ADMINISTRATION—SOURCES AND APPLICATIONS OF FUNDS. Accounting records shall identify adequately the sources and applications of funds.

(1) All revenues shall be clearly identified by source of revenue.

(2) All expenses shall be recorded in a manner to clearly show the budget category charged.

(3) Revenues and expenditures shall be segregated to permit ready accountability to all funding sources.

NEW SECTION

WAC 275-56-205 PROVIDER FISCAL ADMINISTRATION—DOCUMENTATION AND RETENTION OF ACCOUNTING TRANSACTIONS. Accounting transactions shall be supported by properly executed accounting documents.

(1) All records and justification required by administrative, funding, licensing, or accrediting bodies shall be maintained and provided.

(2) Financial records, supporting documentation, and statistical records shall be retained for a period of five years, with the following qualifications:

(a) If any litigation, claim, or audit is started before the expiration of the five-year period, the records shall be retained until all litigations, claims, or audit findings involving the records have been resolved.

(b) Records for nonexpendable property acquired shall be retained for five years after final disposition.

#### NEW SECTION

**WAC 275-56-210 PROVIDER FISCAL ADMINISTRATION—FISCAL MANAGEMENT SYSTEM REPORTING.** The provider's fiscal management system shall maintain a reporting mechanism providing information regarding the fiscal performance of the program.

(1) Complete fiscal reports shall be prepared and provided to funding agencies as required.

(2) Regular and comprehensive financial reports shall be compiled at least quarterly for the board of directors.

(3) Financial statements shall be prepared at least annually in conformity with generally accepted accounting principles and shall be available.

(4) The provider shall submit to the county at least semiannually revenue and expense reports for state available resources and county mental health funds based on the department required account structure. The quarterly revenue and expense reports shall include the relationship of the budget to actual revenue and expenditure.

#### NEW SECTION

**WAC 275-56-215 PROVIDER FISCAL ADMINISTRATION—INDEPENDENT AUDIT OF FINANCIAL OPERATIONS.** The provider's financial operations shall receive an independent audit at least biennially.

(1) The audit shall be conducted in accordance with generally accepted auditing standards (GAAS).

(2) Documentation shall verify the reports of such audits have been reviewed by the board of directors.

(3) The audit shall be completed with twelve months following the end of the provider's biennium.

(4) The county biennial fiscal audit of the provider may be used to meet the audit requirements of this section.

#### NEW SECTION

**WAC 275-56-220 PERSONNEL MANAGEMENT—HIRING PRACTICES.** Hiring practices shall be consistent with position requirements. Recruitment and hiring of personnel shall be based upon criteria demonstrably related to the job description for the position under consideration.

#### NEW SECTION

**WAC 275-56-225 PERSONNEL MANAGEMENT—COMPENSATION SCHEDULE.** The provider shall have a compensation schedule covering all positions.

(1) Job classifications shall be established for each job title defined within the organizational structure of the provider.

(2) A compensation schedule for each job classification shall be established by the provider or through collective bargaining.

#### NEW SECTION

**WAC 275-56-230 PERSONNEL MANAGEMENT—PERSONNEL RECORDS.** The provider shall maintain personnel records for all staff members.

(1) A personnel record shall be kept on file by the provider for each staff member.

(2) The personnel record shall contain:

(a) Documentation verifying education, experience, and the clinical training of the staff member;

(b) Verification of required licensure or certification;

(c) Job description;

(d) Documentation of continuing education including in-service training;

(e) Documentation of performance evaluations;

(f) Written results of disciplinary action;

(g) Written results of hearings regarding either personnel or client grievances;

(h) Documentation of the staff member's review of client rights.

(3) Staff members shall have the right to review the contents of the staff member's personnel record with the exception of references, recommendations, or other confidential material obtained from a third party.

#### NEW SECTION

**WAC 275-56-235 PERSONNEL MANAGEMENT—PERFORMANCE EVALUATION.** The job performance of each staff member shall be evaluated at least annually.

(1) Performance evaluation criteria shall be developed to assess the degree each staff member is performing the tasks described in his or her job description and the degree he or she possesses the skills, knowledge, and attitudes defined by the job description for the position.

(2) Performance evaluations shall be conducted at the end of the staff member's initial probationary employment and at least annually thereafter unless otherwise agreed to in collective bargaining.

(3) The staff member shall have the opportunity to review his or her performance evaluation and make written comments to be kept on file in his or her personnel record.

(a) The supervisor conducting the evaluation shall sign the evaluation.

(b) The staff member shall sign the performance evaluation to indicate he or she has reviewed the performance evaluation.

(c) The staff member shall have the opportunity to appeal his or her performance evaluation.

#### NEW SECTION

**WAC 275-56-240 PERSONNEL MANAGEMENT—STAFF QUALIFICATIONS.** All direct treatment services shall be provided and supervised by staff members with the appropriate clinical qualifications.

(1) All direct treatment services shall be provided by a mental health professional or shall be under the clinical supervision of a mental health professional defined as follows:

(a) A psychiatrist licensed pursuant to chapter 18.71 RCW or a psychologist licensed pursuant to chapter 18.83 RCW; or

(b) A person having at least a masters degree in the social work, behavioral, medical or nursing sciences from an accredited college or university and having at least two years experience in the direct treatment of mentally ill clients under supervision of a mental health professional; or

(c) A person professionally registered or certificated (e.g., nurse, occupational therapist, physical therapist) having at least a bachelors degree and two years experience in working with mentally ill clients under supervision of a mental health professional. Such a person shall be defined as a mental health professional only when working within the skill areas for which he or she is registered or certificated.

(2) Clinical staff members not mental health professionals, providing direct treatment services shall have:

(a) At least a bachelors degree in the social, behavioral, or medical sciences from an accredited college or university and one year of experience in the direct treatment of mentally ill clients under supervision of a mental health professional; or

(b) At least three years experience in the treatment of mentally ill clients under supervision of a mental health professional; or

(c) A combination of education and experience equivalent to the qualifications specified in subsections (2)(a) and (b) of this section.

(d) Exemptions to subsections (2)(a) and (b) of this section may be requested in writing from the department in accordance with exemption procedures established by the department.

(3) A staff member not meeting the qualifications stated in subsection (1) or (2) of this section, shall only provide direct treatment, screening, or support services under the following conditions:

(a) The staff member has been screened by a mental health professional and determination has been made he or she possesses the skills necessary to work with the client population to be served, and in the identified function to be performed; and

(b) The staff member provides services under the following conditions:

(i) As a case manager only; and/or

(ii) As a treatment aide providing direct treatment services as a member of and under the supervision of an organized treatment team; and/or

(iii) As a screener; and/or

(iv) As a trainee having at least a bachelors degree in the social, behavioral, or medical sciences from an accredited college or university.

#### NEW SECTION

**WAC 275-56-245 PERSONNEL MANAGEMENT—CLINICAL SUPERVISION.** All persons providing direct treatment services shall receive appropriate clinical supervision.

(1) Clinical supervision shall be provided by a mental health professional. Exemptions to this requirement may be requested in writing from the department for a period of up to six months following the effective date of chapter 275-56 WAC and in accordance with exemption procedures established by the department.

(2) Full-time clinical staff members who are mental health professionals providing direct treatment services shall receive at least one hour per week of clinical supervision and/or consultation (proportionately less time is required for part-time staff).

(a) Supervisory relationships shall be based upon the provider agency's organizational chart.

(b) Persons with medical and/or overall clinical responsibilities shall receive appropriate peer consultation.

(3) Full-time clinical staff members meeting the qualifications of WAC 275-56-240(2) and providing direct treatment services shall receive at least two hours per week of clinical supervision from a mental health professional (proportionately less time is required for part-time staff).

(4) Full-time clinical staff members meeting only the qualifications stated in WAC 275-56-240(3) and providing direct treatment services shall receive at least three hours per week of clinical supervision from a mental health professional (proportionately less time is required for part-time staff).

(5) Volunteers and students who are mental health professionals providing direct treatment services, shall receive at least one hour of clinical supervision from a mental health professional for every sixteen hours of direct service provided.

(6) Volunteers and students not mental health professionals providing direct treatment services, shall receive at least one hour of clinical supervision from a mental health professional for every five hours of direct services provided. Volunteers and students providing telephone screening or telephone crisis counseling shall not be subject to this subsection, given clinical supervision is available directly, by telephone, or by radio communication at all times.

(7) Clinical backup by a mental health professional in person, by telephone, or by radio communication shall be available at all times service is being provided.

(8) Where required by law, specialized services (e.g., medical examinations, psychiatric evaluations, psychological and neuropsychological testing and evaluations, neurological examinations, nursing services, occupational therapy, physical therapy, etc.) shall be provided or supervised by appropriately licensed or credentialed persons in accordance with respective professional standards.

#### NEW SECTION

**WAC 275-56-250 PERSONNEL MANAGEMENT—QUALIFICATIONS APPROPRIATE TO THE NEEDS OF THE CLIENT POPULATION.** The clinical qualifications of provider staff members providing and/or supervising treatment services shall reflect the needs of the client population.

(1) Services to persons acutely mentally ill, chronically mentally ill, or seriously disturbed shall be provided by or under the supervision of a mental health professional with at least two years of experience in treatment of such clients.

(2) Services directed to persons under age eighteen shall be provided by or under the supervision of a child mental health specialist defined as follows:

(a) A mental health professional having completed a minimum of one hundred actual hours (not quarter or semester hours) of specialized training devoted to the study of child development and the treatment of children; and

(b) Having the equivalent of one year of full-time experience in the treatment of children under the supervision of a child mental health specialist.

(3) Services directed to persons of ages eighteen through fifty-nine shall be provided by or under the supervision of a mental health professional with at least one year of full-time, supervised experience in the treatment of adults.

(4) Services directed to persons sixty years of age or over shall be provided by or under the supervision of a geriatric mental health specialist defined as follows:

(a) A mental health professional having completed a minimum of one hundred actual hours (not quarter or semester hours) of specialized training devoted to the study of problems and treatment of the elderly; and

(b) Having the equivalent of one year of full-time experience in the treatment of the elderly, under the supervision of a geriatric mental health specialist.

(5) Services directed to minority persons who are members of a minority group constituting three thousand persons or three percent or more of the county's population shall be provided by or under the supervision of a minority mental health specialist defined as follows:

(a) A mental health professional having completed a minimum of one hundred actual hours (not quarter or semester hours) of specialized training devoted to the study and treatment of minority persons; and

(b) Having the equivalent of one year of full-time experience in the treatment of persons in the minority group he or she serves. Such experience shall have been supervised by a mental health professional and shall have included consultation with minority providers or community leaders who are members of the minority group served.

(6) Exemptions to subsections (1) through (5) of this section may be requested in writing from the department for a period of up to six months after the effective date of these rules. Exemptions beyond the six-month period may be requested to waive academic but not experiential requirements. Exemptions shall be requested in accordance with exemption procedures established by the department.

#### NEW SECTION

**WAC 275-56-255 PERSONNEL MANAGEMENT—ADMINISTRATIVE QUALIFICATIONS.** Provider administration shall be provided by staff members with the appropriate administrative qualifications.

(1) The staff member with administrative responsibility shall have at least a masters degree in a social, behavioral, medical, nursing, or administrative discipline from an accredited college or university, and a minimum of two years administrative experience in human services related to community mental health. Graduation from an eighteen-month program of training sponsored by the national institute of mental health to train mental health administrators may be substituted for the masters degree requirement.

(2) The staff member with responsibility for provider clinical services shall be a mental health professional with at least five additional years of experience in a variety of mental health services, with at least two years in a supervisory capacity.

(3) Exemptions to subsections (1) and (2) of this section may be requested in writing from the department for a period of up to six months from the effective date of these standards and in accordance with exemption procedures established by the department.

#### NEW SECTION

**WAC 275-56-260 PERSONNEL MANAGEMENT—NON-DISCRIMINATORY HIRING, COMPENSATION, AND PROMOTION.** Hiring, compensation, and promotion shall be nondiscriminatory on the basis of sex, race, age, disability, creed, marital status, and national origin.

(1) All advertisements and general letters of recruitment shall stipulate conditions of employment and opportunities for promotion are without regard to sex, race, age, disability, creed, marital status, or national origin. Sex may be designated as a job requirement only when established as a bona fide occupational qualification by the U.S. Equal Employment Opportunities Commission.

(2) Procedures for filing discrimination complaints shall be publicly visible and available.

(3) All staff members having the same job classification and equivalent qualifications shall be identified within the same salary range for the purpose of compensation.

(4) Job applicants shall not be requested for information describing the applicant's sex, race, age, creed, marital status, or national origin



without assurance this information is optional and shall not be considered in the decision to hire.

#### NEW SECTION

**WAC 275-56-265 PERSONNEL MANAGEMENT—AFFIRMATIVE ACTION.** The provider agency shall take affirmative action to ensure personnel policies and procedures correct effects of past discrimination and result in equal employment opportunities.

(1) The provider shall have an affirmative action program consistent with a policy of nondiscrimination and designed to correct and prevent the effects of discrimination in all conditions of employment.

(2) The affirmative action policy and program shall comply with Title VII of the Civil Rights Act of 1964, the Equal Pay Act of 1963, Section 504 of the 1974 Rehabilitation Act, the department's affirmative action guidelines, and other applicable federal, state, and local laws and regulations.

(3) For providers employing fifteen or more persons, the affirmative action program shall consist of, at least, the following elements:

(a) An analysis of the total provider work force as compared with data on the availability of qualified women and minorities in the local, state, regional or national labor force from where each position is recruited.

(b) Identification of existing discrepancies in employment, assignment or compensation of women and minorities based upon the work force analysis.

(c) Numerical goals for hiring, retention, and promotion of women, minorities, and disabled persons designed to correct discrepancies.

(d) A program modifying and/or enhancing personnel policies and procedures in order to meet affirmative action goals and to ensure continuing nondiscrimination.

(e) Assignment of responsibility for the program to one staff member with sufficient authority to effect changes.

(f) Monitoring, evaluation, and reporting of goal achievement at least twice a year.

(g) Dissemination of information on the provider's affirmative action program to staff, consumers, and the community.

#### NEW SECTION

**WAC 275-56-270 PERSONNEL MANAGEMENT—CONFLICT OF INTEREST.** Members of the board of directors and provider staff shall not enter into a conflict of interest with the member's position in the provider agency.

(1) Board and staff members also employed in private practice shall not enter into a conflict of interest as employees of the provider.

(a) The provider's facilities or services shall not be used in support of a board or staff member's private practice unless the board or staff member compensates the provider at a reasonable and customary rate.

(b) Board or staff members in private practice shall not recruit clients away from the provider.

(c) Board or staff members in private practice shall not be given preference for client referral made outside the provider agency.

(d) No private practice or other activity shall be conducted during hours when the staff member is being paid a salary by the provider.

(2) The provider shall not hire persons related by blood or marriage to existing staff or board members unless:

(a) The position has been advertised in accordance with personnel and affirmative action procedures; and

(b) It can be demonstrated no other applicant was more qualified to perform the job as advertised.

(c) Subsection (2) of this section does not apply to staff members marrying after being hired by the provider.

#### NEW SECTION

**WAC 275-56-275 PERSONNEL MANAGEMENT—TRAINING PLAN.** The provider shall have a training plan reviewed and updated annually.

(1) The annual plan shall address the training needs of clinical, administrative, clerical staff, and volunteers providing direct services, shall correspond to the particular service needs and ethnic composition of the provider's service area, and shall include the following components:

(a) Annual needs assessment and prioritization of training needs;

(b) Designation of person responsible for implementing the plan;

(c) Method of evaluation of training received.

(2) The annual plan shall include priorities for in-service training of appropriate staff in at least the following areas:

(a) Identification of suicide potential and appropriate preventive actions;

(b) Identification of the need for medical evaluation and/or consultation;

(c) Prevention and control of violent and aggressive behavior.

#### NEW SECTION

**WAC 275-56-280 PERSONNEL MANAGEMENT—TRAINING OPPORTUNITIES.** Training opportunities shall be made available to administrative, clinical, clerical staff, and volunteers.

(1) Training opportunities shall be made available to administrative, clinical, clerical staff, and volunteers through in-service programs and/or training programs offered outside the provider agency.

(a) Each full-time clinical staff member shall receive a minimum of forty hours of training per year without loss of pay (proportionately less time shall be received by part-time clinical staff).

(b) Volunteers and/or students providing telephone screening or telephone crisis counseling shall receive a minimum of forty hours training per year, relevant to telephone screening or telephone crisis counseling.

(c) Training shall consist of:

(i) Formal in-service training;

(ii) Training outside the provider agency such as workshops and conferences.

(2) Training provided through in-service programs or released-time agreements shall be consistent with needs identified in the annual training plan.

(3) All training received by staff and volunteers shall be documented.

#### NEW SECTION

**WAC 275-56-285 PERSONNEL MANAGEMENT—VOLUNTEER AND STUDENT SERVICES.** Volunteers and students providing direct treatment services shall be under the clinical supervision of staff of the program utilizing the volunteers' and students' services.

(1) A staff member of the program shall be designated to provide clinical supervision to the volunteer and/or student.

(2) Volunteers and/or students shall be utilized on treatment teams only in conjunction with appropriate clinical staff.

(3) Volunteer and/or student access to client records shall only be given when disclosure is necessary for treatment.

#### NEW SECTION

**WAC 275-56-290 QUALITY ASSURANCE—POLICIES AND PROCEDURES.** The provider's current policies and procedures for quality assurance shall be available in written form. Policies and procedures shall include the following areas:

(1) Utilization review,

(2) Quality of care assessment, and

(3) Clinical record completeness.

#### NEW SECTION

**WAC 275-56-295 QUALITY ASSURANCE—QUALITY OF CARE REVIEW.** A quality of care review process shall be established for all provider services.

(1) The quality of care review shall objectively assess the progress, outcome, and complications resulting from treatment.

(a) The review shall be conducted by a person or persons not participating in treatment of the case under review. The review may be conducted by an outside consultant.

(b) Where the review is conducted by a single clinician, he or she shall be a mental health professional.

(c) At least one mental health professional shall participate where more than one clinician conducts the review.

(d) At least fifteen cases or five percent, whichever is larger, of the provider's open cases shall be randomly sampled each quarter and reviewed for quality of care.

(i) The sample shall be stratified to:

(A) Represent each mental health service each quarter;

(B) Represent at least one case from each therapist every six months.

(ii) The cases shall represent acutely mentally ill, chronically mentally ill, and seriously disturbed persons.

(2) The quality of care review shall result in a determination of whether:

(a) The client's treatment history, medical history, psychosocial history, support systems, and presenting problems support the diagnosis and problems specified for treatment;

(b) The treatment plan is appropriate to the diagnosis and problems identified for treatment;

(c) Treatment goals follow from identified problems, identify the expected outcome of treatment, and can be realistically achieved;

(d) Case progress indicates the goals of treatment, including outcome, have been or shall be achieved.

(3) Client records shall be accurate and complete and shall contain the information necessary to conduct the quality of care review.

#### NEW SECTION

**WAC 275-56-300 QUALITY ASSURANCE—QUALITY CARE CORRECTIVE ACTIONS.** Corrective actions shall be recommended where a quality of care review indicates inappropriate clinical care.

(1) Corrective actions shall be considered for:

(a) Redefinition of the client's problems and/or diagnosis;

(b) Revision of the treatment plan and/or goals of treatment;

(c) Reassignment of the staff member or members or participating in treatment of the client;

(d) Staff training;

(e) Revision of policies and procedures.

(2) Recommendations for corrective action shall be submitted to the primary therapist, case manager, clinical supervisor, appropriate program manager, clinical director, and/or chief administrator.

(3) Action taken in regard to an individual client and on the basis of recommendations resulting from the quality of care review shall be documented in the client's record. Such documentation shall include the rationale for the action taken, including, if applicable, why the goals of treatment were not being achieved.

(4) A summary of the results of quality care reviews, including recommendations for corrective action, shall be presented to the board of directors at least annually.

#### NEW SECTION

**WAC 275-56-305 QUALITY ASSURANCE—UTILIZATION REVIEW CRITERIA.** Written criteria shall be employed for utilization review.

(1) Utilization review criteria shall be established for all provider services.

(2) Utilization review criteria shall be established for:

(a) Admissions,

(b) Length of stay,

(c) Continuation of treatment, and

(d) Medication utilization.

(3) Cases not meeting utilization review criteria shall be reviewed by at least one mental health professional not participating in treatment of the client and authorized to require a change in utilization of services.

(4) Utilization review criteria shall be revised and/or updated at least annually.

(5) Client records shall be accurate, complete, and shall contain the information necessary to conduct utilization review.

#### NEW SECTION

**WAC 275-56-310 QUALITY ASSURANCE—UTILIZATION OF REVIEW PROCEDURES.** The provider shall demonstrate appropriate utilization of provider services.

(1) A random sample of at least thirty cases or ten percent, whichever is larger, of the provider's open cases shall be reviewed quarterly for appropriateness of admission, program assignment, and projected length of stay.

(a) The review shall be conducted within thirty days of the date of intake.

(b) The sample shall be stratified to:

(i) Represent each mental health service each quarter;

(ii) Represent at least one case from each therapist every six months.

(c) The sample shall be drawn from acutely mentally ill, chronically mentally ill, and seriously disturbed cases.

(2) The primary therapist and/or his or her clinical supervisor shall assess the client's need for continuation in treatment with respect to the length of stay objective specified in the treatment plan and will assess medication utilization. The assessment shall be conducted for all cases and in accordance with the schedule specified in the treatment plan for the review of progress, or:

(a) At least every ninety days in the case of outpatient, day treatment, and residential services;

(b) At least weekly for inpatient services.

#### NEW SECTION

**WAC 275-56-315 QUALITY ASSURANCE—UTILIZATION REVIEW CORRECTIVE ACTIONS.** Corrective actions shall be recommended where a utilization review indicates inappropriate patterns of service.

(1) Corrective actions shall be considered for the following areas:

(a) Treatment plan revision,

(b) Program transfer or termination,

(c) Staff training,

(d) Revision of policies and/or procedures, and

(e) Adjustment in staffing patterns.

(2) Recommendations for corrective action shall be submitted to the primary therapist, clinical supervisor, appropriate program manager, clinical director, and/or chief administrator.

(3) The action taken as a result of a recommendation for corrective action shall be documented and reviewed with the chief administrator.

(4) A summary of utilization reviews, including recommendations for corrective action, shall be presented to the board of directors at least annually.

#### NEW SECTION

**WAC 275-56-320 PROGRAM EVALUATION—PROGRAM GOALS AND OBJECTIVES.** The provider shall have a system for determining the degree service activities meet current program goals and objectives.

(1) The provider shall have an information system providing relevant, accurate, and timely data for monitoring program goals and objectives. The provider shall maintain sufficient data to report the Washington state mental health information system minimum data set.

(2) The utilization of services (e.g., referral patterns, client characteristics, caseload trends, volume of service delivery) shall be systematically monitored relative to program goals and objectives. A report of progress toward goals and objectives shall be submitted to the county at least quarterly.

(3) The outcome of provider services provided individual clients supported by state and county funding shall be evaluated at least annually.

(a) At least one outcome study shall be in progress at any time. At least two outcome studies shall be conducted annually.

(b) The provider shall conduct outcome evaluation in accordance with the department's guidelines and/or design for such evaluation.

(c) Providers with annual budgets for mental health services of less than three hundred thousand dollars shall not be required to conduct outcome evaluations.

#### NEW SECTION

**WAC 275-56-325 PROGRAM EVALUATION—EVALUATION REPORTS.** Evaluation reports shall be produced at a frequency appropriate to the program activities being monitored.

(1) Reports shall provide data current, accurate, and relevant to program goals and objectives.

(2) Reports shall include recommendations for corrective action where necessary.

(a) Such recommendations shall be submitted to the appropriate program manager, clinical director, and/or chief administrator.

(b) The action taken as a result of a recommendation for corrective action shall be documented and reviewed with the board of directors.

(3) The provider shall utilize program evaluation results in administrative, management, and program planning decisions.

NEW SECTION

**WAC 275-56-330 PROGRAM EVALUATION—PROTECTION OF HUMAN SUBJECTS.** An explanation of the use of client data for program evaluation shall be provided to all provider clients.

Program evaluation or research involving human subjects shall be conducted in accordance with RCW 71.05.390 and "Guide to DSHS Policy on Protection of Human Research Subjects", July 1, 1981.

NEW SECTION

**WAC 275-56-335 FACILITY CHARACTERISTICS.** Provider services shall be provided in a setting safe, comfortable, attractive, and conducive to the attainment of therapeutic goals.

(1) Provider facilities shall meet federal, state, and local requirements, including building, health, and fire codes. These requirements include Section 504 of the 1973 Rehabilitation Act.

(2) Provider facilities shall be characterized by adequate:

- (a) Space,
- (b) Light,
- (c) Ventilation,
- (d) Temperature control, and
- (e) Cleanliness.

(3) There shall be sufficient furniture and equipment for client and staff comfort designed for client age, physical status, and program activities.

(4) Parking lots, entrances, interior doorways, and restroom facilities shall be accessible to physically handicapped persons.

(5) Group therapy rooms shall be of adequate size to accommodate the groups without crowding.

(6) Rooms used for client services shall be fully enclosed, have closing doors, and shall be reasonably soundproofed to reduce both distracting noises and the possibility of conversations being overheard outside the room.

(7) If there is regular provision for the performance of physical examinations within the facility, a suitably equipped examination room shall be available.

(8) All medications (including any drug samples) shall be kept in locked, secure storage.

NEW SECTION

**WAC 275-56-340 SERVICES ADMINISTRATION—TEMPORAL ACCESSIBILITY OF SERVICES.** Services shall be accessible at times not prohibiting clients from utilizing the services. Services shall be provided regularly on some evenings and/or weekends as determined by utilization patterns. There shall not be protracted waiting periods for services.

NEW SECTION

**WAC 275-56-345 SERVICES ADMINISTRATION—ACCESSIBILITY IN NONDISCRIMINATORY MANNER.** Services shall be accessible in a nondiscriminatory manner.

(1) The provider shall not deny services on the basis of race, sex, national origin, age, language, disability, creed, marital status, sexual orientation, socioeconomic status, or ability to pay. If the provider does not offer services, the client shall be referred to such services and the provider shall facilitate the referral.

(2) Services to acutely and chronically mentally ill and seriously disturbed clients from underserved populations, including minorities, children, the elderly, disabled, and low-income persons, shall meet the special needs of these populations.

(a) Services shall be culturally and linguistically appropriate and accessible to clients from minority groups numbering at least three thousand in counties of the first order or constituting of least three percent of the population of smaller counties.

(b) Services shall be accessible and acceptable to disabled and low-income persons, to children, and to the elderly.

(i) The provider shall eliminate or substantially reduce physical, communication, and sociocultural barriers to utilization of services by these underserved groups.

(ii) In-home services shall be available to home-bound persons.

(iii) Acceptable services in the form of alternative service delivery models shall be provided when needed to enhance utilization by these underserved groups.

NEW SECTION

**WAC 275-56-350 SERVICES ADMINISTRATION—AWARENESS OF SERVICES.** The location of the provider and the services offered shall be made known to the public.

(1) The provider shall maintain on-premises signs indicating the location and identification of all the provider's facilities.

(a) When only telephone services are provided, signs shall not have to be displayed.

(b) When services are provided in facilities of another private sector organization (e.g., a church), signs shall not have to be displayed.

(2) The provider shall maintain listings in all telephone and other public directories of the service area.

(3) The provider shall publish and disseminate brochures and other materials describing services and hours of operation. Bilingual publications shall be produced when there is a non-English speaking group residing in the area and the group exceeds three percent of the population of the area.

(4) Providers serving at least ten percent nonliterate clients shall also use other appropriate media to disseminate information.

NEW SECTION

**WAC 275-56-355 SERVICES ADMINISTRATION—POLICIES AND PROCEDURES RELATING TO CLIENT RIGHTS.** The provider shall maintain written policies and procedures relating to client rights. Policies and procedures shall cover the following areas:

(1) Notification of clients and/or responsible others of client rights, provider actions to ensure these rights, and any exception to these policies and procedures;

(2) Nondiscrimination of services;

(3) Confidentiality and release of information;

(4) Rights to refuse treatment;

(5) Use of audio and/or visual recording devices;

(6) Client involvement in research and/or evaluation studies;

(7) Use of untested and/or hazardous procedures;

(8) Rights specific to inpatient treatment settings, if appropriate;

(9) Client record review rights;

(10) Client grievances;

(11) Violation of client rights.

NEW SECTION

**WAC 275-56-360 SERVICES ADMINISTRATION—ADHERENCE TO CLIENT RIGHTS POLICIES AND PROCEDURES.** The provider shall ensure all personnel are informed about and adhere to policies and procedures regarding client rights.

(1) Review of policies and procedures relating to client rights shall be included in the orientation of all new staff, volunteers, students, and board of directors. All such persons shall be provided with a copy of client rights, and shall sign a standardized form acknowledge understanding of and intention to adhere to policies and procedures regarding client rights.

(2) A periodic review and update of policies and procedures regarding client rights shall be conducted and staff shall be informed of any modifications.

(3) When any violation of client rights occurs or appears to have occurred, the provider shall take appropriate remedial and/or disciplinary steps.

NEW SECTION

**WAC 275-56-365 SERVICES ADMINISTRATION—CLIENT RIGHTS.** Clients and/or legally responsible others shall be informed of client rights at admission.

(1) A written statement of client rights shall be posted in public areas of the agency. A copy shall be available to clients on request. Providers of only telephone services (e.g., crisis lines) shall post the statement of client rights in a location visible to staff during working hours.

(2) The statement of client rights shall include at least:

(a) The right to receive appropriate care and treatment, employing the least restrictive alternatives available;

(b) The right to be treated with respect and dignity;

(c) The right to nondiscrimination in provision of treatment on the basis of race, sex, age, disability, national origin, language, creed, marital status, socioeconomic status, or ability to pay;

(d) The right to receive treatment sensitive to differences of race, culture, language, sex, age, national origin, disability, creed, socioeconomic status, marital status, and sexual orientation.

(e) The right to an individualized service plan reflecting problems and/or needs identified for or with the client.

(f) The right to confidentiality as specified in relevant statutes (chapter 71.05 RCW) and regulations (chapter 275-55 WAC). The statement shall state circumstances where confidentiality shall not be maintained, including at least:

(i) Where there is reason to suspect the occurrence of child abuse;

(ii) Where there is a clear threat of intent to do serious bodily harm to self or to another person;

(iii) To a court under court order.

(g) The right to be informed of the volunteer or student status of primary therapist and/or case manager;

(h) The right to refuse any proposed treatment unless treatment is involuntary;

(i) The right to review case records under conditions specified in WAC 275-56-370(3).

(j) The right to refuse to participate in:

(i) Data collection for purposes of research or evaluation when the data collected exceeds data collected for normal management and/or treatment practices (e.g., face-to-face interview, specialized testing);

(ii) Use of untested or experimental procedures;

(iii) Use of procedures involving known or potential hazard.

(k) The right to receive an explanation of all medications prescribed, including possible side effects.

(l) The right to be compensated for any work performed for the provider.

(m) The right to be free of any sexual exploitation or harassment.

(n) The right to lodge a grievance with the provider if the client has reason to believe his or her rights have been violated. The statement shall include the grievance procedure.

(3) Clients in inpatient services shall have, in addition, written notice of the following:

(a) The right to wear his or her own clothes and to keep his or her own possessions, except when deprivation of same is essential to protect the health and safety of the client, other persons or property;

(b) The right to keep and be allowed to spend a reasonable sum of money;

(c) The right to have access to individual storage for private use;

(d) The right to have visitors at reasonable times;

(e) The right to have reasonable access to a telephone to make and receive confidential calls;

(f) The right to have access to letter-writing materials, including stamps, and to send and receive uncensored correspondence through the mails;

(g) The right to dispose of property and sign contracts.

#### NEW SECTION

**WAC 275-56-370 SERVICES ADMINISTRATION—PROTECTION OF CLIENT RIGHTS.** The provider shall protect and ensure the rights of all clients and former clients.

(1) Signed consent by the client or responsible other, under conditions allowing access to a person able to answer questions, shall be obtained for:

(a) Use of any medication;

(b) Initiation of any nonemergency service plan.

(2) Neither evaluation nor treatment services shall be provided to any person thirteen years of age or under without the signed consent of the parent or guardian of such person, except in an emergency situation, such child may be seen for one session without consent of parent or guardian. Parental consent for evaluation or treatment services shall not be necessary in the case of a child or youth referred by child protective services or other public agency because of physical, sexual, or psychological abuse by a parent or parent surrogate.

(3) When a client, or the parent or guardian of a child thirteen years of age or under, requests review of his or her case record, the provider shall:

(a) Grant the request within seven days, except the request need not be granted if the provider knows or has reason to believe the parent or parent surrogate has been a child abuser or might otherwise harm the child and/or youth.

(b) Review the case record in order to identify and remove any material confidential to another person.

(c) In the presence of a member of the clinical staff, allow the client sufficient time and privacy to review the record to his or her satisfaction.

(d) Permit the following persons to be present during the review, with the consent of the client;

(i) Next-of-kin,

(ii) The family physician, or

(iii) The client's attorney, when a member of the Washington state bar.

(e) Document the review session in the client's record.

(4) Alternative treatments as requested by the client shall be provided when available and appropriate.

(5) The written, informed consent of the client and/or responsible other shall be obtained before:

(a) The client serves as a subject for any research.

(b) The provider begins the use of any unusual diagnostic or treatment procedure.

(c) Any audio and/or visual device is used to record the client's behavior.

#### NEW SECTION

**WAC 275-56-375 SERVICES ADMINISTRATION—CONFIDENTIALITY OF CLIENT INFORMATION.** The provider shall protect the confidentiality of all information relating to clients or former clients, and shall disclose any such information only pursuant to a current consent for disclosure signed by the client and/or legally responsible other.

(1) Standardized forms authorizing release and/or exchange of confidential information shall contain the following:

(a) The name of the client,

(b) The date,

(c) The name and address of the agency,

(d) The name and address of the person or agency to whom the form is directed,

(e) The reason for disclosure,

(f) The specific kind of information to be disclosed,

(g) The period of time the consent is to be in force (not to exceed ninety days),

(h) The signature of the client and/or responsible other, and

(i) The signature of a witness.

(2) Except under the conditions stated as follows, the provider shall disclose no confidential information, including the fact a person is or has been a client, without a statement meeting specifications in subsection (1)(a) through (1)(i) of this section, and showing the client's original signature or a photocopy.

(3) Exceptions to subsection (2) of this section are as follows:

(a) Disclosures permitted under relevant statute (chapter 10.77 and 71.05 RCW) or regulations (chapter 275-55 WAC);

(b) The fact of admission and any pertinent information and records may be disclosed;

(i) To provider personnel, as needed;

(ii) To the department for purposes of program planning, evaluation and research;

(iii) To the extent necessary for a client to make a claim, or for a claim to be made on behalf of a client for aid, insurance or medical assistance;

(iv) To a county-designated mental health professional;

(v) To a hospital or emergency medical agency for purposes of dealing with an emergency;

(vi) To law enforcement or public health officers under the following conditions:

(A) Only to the extent necessary to carry out the responsibilities of the law enforcement or public health office;

(B) Such persons shall be responsible for keeping all information confidential pursuant to these standards.

(vii) To a certified evaluation and treatment facility pursuant to the Involuntary Treatment Act (chapter 71.05 RCW);

(viii) To an agency or professional referring a person for preadmission screening;

(ix) To the person designated by the county for monitoring client tracking information. Such disclosures shall be limited to the facts of admission, discharge, or referral;

(c) Pertinent information must be disclosed, and the provider is obligated to initiate disclosure, under the following conditions:

(i) To child protective services or other appropriate law enforcement agency when there is reason to suspect the occurrence of physical, sexual, or psychological abuse of a child or adolescent;

(ii) To law enforcement officers and to the intended victim when there is a clear and serious threat of homicide or intent to do serious bodily harm to another person;

(iii) To a court under court order.

(4) All disclosures made, both with and without the client's consent to release information, shall be documented in the case record to include:

- (a) Date of disclosure;
- (b) Person and agency receiving information;
- (c) Nature of information disclosed;
- (d) Reasons for disclosure if consent has not been obtained.

#### NEW SECTION

WAC 275-56-380 SERVICES ADMINISTRATION—RESOLVING CLIENT GRIEVANCES. The provider shall act promptly to hear and take appropriate steps to resolve all client grievances. Procedures shall ensure the involvement of appropriate supervisory and administrative staff, the administrator, and the board of directors, as necessary. Confidential information shall not be disclosed to the board of directors pursuant to client grievances without the signed consent of the client for release of information.

#### NEW SECTION

WAC 275-56-385 SERVICES ADMINISTRATION—POLICIES AND PROCEDURES RELATING TO CLIENT ENTRY, SERVICE PLANNING, AND SERVICE OPERATIONS. There shall be written policies and procedures relating to client entry, service planning, and service operations.

(1) Policies and procedures shall cover major aspects of the course of treatment, including at least:

- (a) Screening and information and referral,
- (b) Crisis response,
- (c) Intake and assessment,
- (d) Assignment of staff responsibilities,
- (e) Treatment planning,
- (f) Assessment of treatment progress,
- (g) Response to client or prospective client emergencies or crises,
- (h) Transfer and termination, and
- (i) Financial and billing policies.

(2) Policies and procedures shall cover coordination of services, including case management, and liaison and consultation with other providers, including state hospitals.

(3) Policies and procedures shall cover medical responsibility, prescription, administration, monitoring, and storage of medications.

#### NEW SECTION

WAC 275-56-390 SERVICES ADMINISTRATION—SCREENING AND INFORMATION AND REFERRAL. The provider shall respond promptly to all requests for service or for information regarding mental health services.

(1) The provider shall have adequate staff and equipment to assure prompt response.

(a) Staff answering telephones shall determine the presence of an emergency and, if so determined, shall engage emergency services in accordance with the provider's policies and procedures.

(b) Telephone answering capability shall be available twenty-four hours per day, seven days per week.

(2) Screening and information and referral services shall be provided after initial contact.

(a) Screening and information and referral may be provided by telephone or face-to-face. Face-to-face screening shall be provided for nonemergency walk-ins,

(b) Telephone screening and information and referral shall be provided no later than the same day,

(c) If preliminary telephone screening determines the need for face-to-face screening, this service shall be provided.

(3) When screening indicates the prospective client is an acutely or chronically mentally ill or seriously disturbed person, intake shall be provided.

(a) If the appropriate services are not likely to be available after screening, the provider shall attempt to refer the client to another provider,

(b) If the prospective client chooses to wait for services, the first available intake time shall be assigned the client.

#### NEW SECTION

WAC 275-56-395 SERVICES ADMINISTRATION—RESULTS OF SCREENING AND INFORMATION AND REFERRAL. Screening and information and referral shall result in an action on behalf of the prospective client.

(1) In case of a request for mental health information, accurate information shall be provided, and a determination of the need for further service shall be made.

(2) In case of a request for service:

(a) Screening shall result in an intake appointment if determination is made the provider offers an appropriate service;

(b) Screening shall result in a referral to another provider if the desired services are not offered by the provider;

(c) Where appropriate, screeners shall provide follow-up to the prospective client to determine if a referral was completed;

(d) A record shall be maintained of all referrals.

(3) Screening dispositions shall be made by or under the clinical supervision of a mental health professional and shall be documented.

#### NEW SECTION

WAC 275-56-400 SERVICES ADMINISTRATION—EMERGENCY AND/OR CRISIS RESPONSE. Services shall be provided in response to client and prospective client emergencies and/or crises.

(1) There shall be liaison agreements regarding emergency procedures and responsibilities with other community agencies, such as:

- (a) Telephone services (e.g., crisis lines),
- (b) Hospitals and hospital emergency rooms,
- (c) Ambulance services,
- (d) Mobile emergency medical service agencies,
- (e) Law enforcement agencies,
- (f) County-designated mental health professionals and other involuntary treatment services,
- (g) Child protective services,
- (h) Services maintained under special community (e.g., tribal) authority,
- (i) Senior citizens information and assistance, and
- (j) Alcoholism and drug abuse services.

(2) Emergency services (including arrangements for inpatient services) shall be provided.

(a) Immediate action shall be taken to arrange for services upon determination of need for emergency or inpatient services. Where possible, clients shall be contacted for follow-up to ascertain whether needed services were received.

(b) Persons experiencing crises shall be served no later than twenty-four hours after initial contact.

(3) A complete and current list of community resources shall be maintained and shall be available at all times to staff providing client services.

(4) In the case of clients referred from emergency telephone or outreach services, crisis stabilization services shall be instituted no later than the next operational day.

(5) Screening and evaluation shall be provided for walk-in emergency clients or persons brought to the provider by law enforcement.

(6) Crisis stabilization services shall be instituted for client emergencies occurring within programs.

(7) In any case where there appears to be substantial risk of suicide or homicide or serious harm to others or to property, there shall be consultation with at least one other mental health professional before disposition is determined and the consultation shall be documented in the client's record.

(8) Cases shall not be closed until adequacy of disposition and effectiveness of crisis resolution are assured.

(9) All crisis-oriented services and contacts shall be documented in the client's record.

#### NEW SECTION

WAC 275-56-405 SERVICES ADMINISTRATION—APPLICATION FOR SERVICE AT INTAKE. Intake shall consist, in part, of an application for service by a client or responsible other.

(1) A formal, standardized application for services shall be completed by or for each client and shall become a part of the client's record.

(2) Information describing client rights and confidentiality of information shall be provided at the time of intake.

(3) Fees appropriate to the client's available resources shall be established and the client shall be informed of the fees and of the provider's fee policies during the intake process.

(4) Except in a life-threatening emergency, there shall be signed consent of client or responsible other before utilization of any medication.

#### NEW SECTION

**WAC 275-56-410 SERVICES ADMINISTRATION—INTAKE—CLIENT STATUS, TREATMENT NEEDS, AND MEDICAL EXAMINATION NEEDS.** The intake shall assess and document the client's current status, treatment needs, and medical examination needs.

(1) There shall be a clear statement of the presenting problem and history.

(2) The client's current level of functioning, strengths, and problems shall be assessed to determine and document clinical status (acutely or chronically mentally ill or seriously disturbed) and provisional diagnosis (Diagnostic and Statistical Manual, 3rd edition).

(a) Relevant observed client behaviors shall be documented.

(b) A mental status examination shall be conducted with acutely and chronically mentally ill and seriously disturbed persons.

(3) A determination shall be made as to the need for a medical examination based upon documentation of at least:

(a) Date of most recent treatment by a physician and/or most recent medical examination;

(b) Staff determination of the need for medical examination.

(4) The client shall be referred for a medical examination when determined necessary. All clients aged sixty and over shall be recommended for a medical examination within thirty days of intake, if such examination has not been done within the preceding ninety days.

(5) Intake to a specialized service need not meet the requirements of this section if a full intake has already been completed for treatment purposes.

#### NEW SECTION

**WAC 275-56-415 SERVICES ADMINISTRATION—INTAKE—BASIC TREATMENT HISTORY AND BACKGROUND INFORMATION.** The intake shall obtain treatment history and client background information to assess the client's support system, formulate the problem, and plan services.

(1) A mental health treatment history, covering at least the last two years and including previous outpatient treatment and hospitalizations, shall be documented.

(2) A pertinent health or medical history shall be recorded, including the name and telephone number of the client's present or most recent physician.

(3) A psychosocial history shall be taken to the extent the client is able and willing to provide this information.

(4) The client's strengths and available family and community support systems shall be assessed.

#### NEW SECTION

**WAC 275-56-420 SERVICES ADMINISTRATION—INTAKE INFORMATION ON CHILDREN AND YOUTH.** Intake information on children and youth shall include a developmental history and assessment of academic background and status. A developmental history from the prenatal period to the present shall be recorded, including, as available:

(1) Significant prenatal and perinatal events,

(2) Developmental milestones,

(3) Significant early illnesses,

(4) Developmental problems,

(5) Client strengths and accomplishments,

(6) Assessment of client's current developmental status and age-appropriate developmental needs, including appraisal of peer relationships and activities, and

(7) Academic achievement and status.

#### NEW SECTION

**WAC 275-56-425 SERVICES ADMINISTRATION—DRUG USE PROFILE.** A drug use profile shall be developed at intake and maintained throughout the client's treatment. The drug use profile shall include the names and dosages of all prescribed and nonprescribed drugs (when the information is available) used currently

and during the previous six months. The record of prescribed drugs used prior to or during the course of treatment shall include, as available, names and dosages, name of prescribing physician, dates and reasons for changes or discontinuance, and any unusual side effects and treatment.

#### NEW SECTION

**WAC 275-56-430 SERVICES ADMINISTRATION—INITIAL ASSESSMENT.** Initial assessment shall include establishment of collateral contacts necessary for assessing client support systems, formulating client problems, and developing a service plan.

(1) Consent for exchange of information shall be obtained, including client signature, to permit communication with significant persons and agencies identified in the intake interview.

(2) Collateral contacts shall be made as needed for assessment and service planning.

(a) The client's regular physician shall be contacted.

(b) Previous and current mental health service providers shall be contacted.

(c) Other persons and/or providers significant to the client's health, mental health, social, vocational, or educational status and needs shall be contacted.

(d) Information acquired from collateral contacts shall be documented in the client's record.

(3) Records shall be obtained of any psychiatric hospitalizations identified at intake or subsequently.

#### NEW SECTION

**WAC 275-56-435 SERVICES ADMINISTRATION—NEED FOR ADDITIONAL ASSESSMENT.** The need for additional assessment of the client shall be reviewed and documented on the basis of information obtained at intake and from collateral contacts.

(1) Each of the following special assessment procedures shall be considered:

(a) General medical examination;

(b) Psychiatric evaluation;

(c) Psychological and/or neuropsychological evaluation;

(d) Neurological evaluation;

(e) Electroencephalogram;

(f) Other diagnostic and/or laboratory studies such as:

(i) CT scan;

(ii) Drug assay.

(2) Additional evaluations shall be provided or referred as needed, and reports of the evaluations will be included in the record, when possible, and utilized in service planning.

(3) Before a diagnosis of primary degenerative dementia with senile or presenile onset is made, assessments shall be completed to rule out all forms of treatable disability, including, but not limited to, toxic, metabolic, infectious, neoplastic, traumatic, and functional disorders.

#### NEW SECTION

**WAC 275-56-440 SERVICES ADMINISTRATION—COORDINATION OF SERVICE.** Staff responsibilities for planning, providing, and coordinating services shall be clearly assigned.

(1) Each client shall be assigned a primary therapist; the primary therapist may also serve as case manager.

(2) A chronically mentally ill client requiring a variety of services, both internal and external to the provider agency, shall be assigned a case manager responsible for coordinating these services on the client's behalf. When a client is served by both a primary therapist and a case manager, these persons shall confer on client services on a regular basis, with documentation in the client's record.

(3) All case management contacts and services shall be documented in the client's record.

#### NEW SECTION

**WAC 275-56-445 SERVICES ADMINISTRATION—INDIVIDUALIZED SERVICE PLAN.** An individualized service plan shall be developed for each client.

(1) The plan shall identify the problem or need to be addressed in treatment.

(2) The plan shall contain clearly stated goals for treatment.

(a) Each goal shall state specific, observable outcomes expected to occur in client behavior, skills, attitudes, or circumstances as a result of treatment.

(b) The plan shall specify a time frame for the attainment of goals and for termination.

(3) The plan shall identify the services, modalities, and specific treatment techniques to be utilized.

(a) The plan shall include referral for necessary services not offered by the provider.

(b) Proposed medications and the dosages shall be identified.

(c) Persons responsible for providing and coordinating services shall be identified.

(d) Treatment techniques and approaches shall be specified.

(4) The plan shall clearly show the relationships between the proposed services, the expected outcomes of the services, and the needs of the client, including how treatment goals are to be met by the particular modalities and techniques to be utilized.

#### NEW SECTION

WAC 275-56-450 SERVICES ADMINISTRATION—DEVELOPMENT, IMPLEMENTATION, AND UPDATING OF SERVICE PLAN. The service plan shall be collaboratively developed, implemented, and updated.

(1) The client shall participate in service planning and implementation according to the client's ability.

(2) The client or responsible other shall consent by signing the service plan.

(3) Service planning shall document the involvement of the client's family and/or significant others in the planning and treatment process, as appropriate to the goals of treatment and consistent with standards relating to confidentiality.

(4) A mental health professional shall review and sign the plan within thirty days.

(a) The review shall include an analysis of the appropriateness of the diagnosis.

(b) When sufficient staff are available, the service plan shall be reviewed by a multidisciplinary treatment team including individuals licensed under chapter 18.71, 18.83 or 18.88 RCW.

(5) When utilization of medication is indicated, the service plan shall be reviewed by the prescribing physician.

#### NEW SECTION

WAC 275-56-455 SERVICES ADMINISTRATION—GROUP SERVICE PLAN. In the case of outpatient psychotherapy and psychoeducational groups, a group service plan shall be developed on the basis of common needs.

(1) Group service plans shall identify the goals of the group and a specific program for attaining the goals.

(2) Clients, staff, supervisors, and consultants shall be involved, as appropriate, in development and review of group service plans.

(3) The supervisor of the unit providing the service shall review and sign the plan initially and at each subsequent review point.

#### NEW SECTION

WAC 275-56-460 SERVICES ADMINISTRATION—DOCUMENTATION OF PROGRESS. Client progress in meeting goals shall be documented in the case record.

(1) Progress notes shall be prepared and filed in the case and group record as follows:

(a) After every client contact for outpatient services. Providers utilizing a problem-oriented record system may record outpatient treatment progress less frequently provided a narrative summary of client progress is entered in the case record at least every thirty days, and the date of each contact is recorded;

(b) At least weekly for day treatment services;

(c) Each day for inpatient services;

(d) After each event for emergency services;

(e) After each session for outpatient psychotherapy or psychoeducational groups.

(2) Progress notes shall document all services provided, including date, nature of service, and signature of responsible staff.

(3) Progress notes shall summarize client sessions in terms of service goals and expected outcomes of service.

(4) Progress notes shall document efforts by the case manager (if assigned) to assure services needed from other providers or agencies and other coordinating and supportive services have been arranged for and provided.

(5) Progress notes shall document client-related extraordinary events.

#### NEW SECTION

WAC 275-56-465 SERVICES ADMINISTRATION—REVIEW AND ASSESSMENT OF PROGRESS. Progress shall be assessed and reviewed.

(1) The service plan shall specify a schedule for assessment and review of progress and updating of the plan, not to exceed the following:

(a) At least every ninety days in the case of outpatient, day treatment, community support services, and residential services;

(b) Weekly in the case of inpatient services.

(2) A progress summary shall be prepared by staff responsible for treatment and case management. The assessment of progress shall cover course and progress of treatment in relationship to client problems and expected treatment outcomes, noting unusual events, assessing client status, and documenting need for continuation (if appropriate), projected length of stay, and proposed modifications of the service plan.

(3) Progress shall be assessed by the clinical supervisor and results of the assessment, including recommendations for continuation and/or modification of the service plan, shall be documented and signed by the supervisor.

(4) In the case of each outpatient psychotherapy or psychoeducational group, progress notes shall be maintained and progress assessed and reviewed by appropriate supervisory personnel.

#### NEW SECTION

WAC 275-56-470 SERVICES ADMINISTRATION—DEVELOPMENT AND IMPLEMENTATION OF TRANSFER OR TERMINATION PLAN. In the event of an anticipated change of primary therapist, intra-agency transfer, or termination of services, a plan shall be collaboratively developed and implemented.

(1) The client, significant others when appropriate, and service providers shall participate in planning for transfer or termination.

(2) A written plan, to include time frame, responsibilities, recommendations, and proposed follow-up activities, shall be prepared and filed in the case record before transfer or termination.

#### NEW SECTION

WAC 275-56-475 SERVICES ADMINISTRATION—SERVICES DURING TRANSFER OR TERMINATION. During transfer or termination, service activities shall be coordinated and client service needs shall be met.

(1) In the event a transfer to another therapist or service is necessary, the primary therapist or case manager shall coordinate the transfer with the new primary therapist, case manager, or service unit.

(2) Contact shall be maintained with the client where possible by the primary therapist or case manager during the period when no service is received.

(3) In the case of transfers or referrals to other providers, the provider shall maintain responsibility for the client until responsibility by the receiving provider is confirmed.

#### NEW SECTION

WAC 275-56-480 SERVICES ADMINISTRATION—UNPLANNED CHANGES. Discontinuity or disruption in service resulting from unplanned changes shall be minimized.

(1) Personnel actions initiated by the provider resulting in a change of therapist or case manager shall allow time for orderly and sufficient collaborative planning and implementation of transfer, except when detrimental to the client.

(2) In the event a primary therapist or case manager terminates employment in any way with the provider, his or her caseload shall be assigned to another primary therapist or case manager.

#### NEW SECTION

WAC 275-56-485 SERVICES ADMINISTRATION—REVIEW OF TREATMENT AT TRANSFER OR TERMINATION. Treatment shall be reviewed and assessed at transfer or termination.

(1) In the event of transfer, a transfer summary shall be prepared by staff responsible for treatment and case management and shall be inserted into the client's record. The summary shall:

- (a) Briefly review client's presenting problems, initial assessment, and service plan, including major actions taken;
  - (b) Assess progress to date in terms of problems and/or treatment goals and outcomes;
  - (c) Review reasons for transfer and the transfer plan;
  - (d) Provide other pertinent information necessary for continuity of care, including medication;
  - (e) Be signed by the primary therapist and by the case manager.
- (2) Upon termination of services, a summary shall be prepared by staff responsible for treatment and case management, and inserted in the client's record. The summary shall:
- (a) Review the client's presenting problems and initial assessment;
  - (b) Review the service plan and any modifications;
  - (c) Review treatment course and progress;
  - (d) Assess treatment in terms of client problems, treatment goals, and outcomes, noting possible reasons for failure to attain any goals;
  - (e) Review and assess termination planning when appropriate;
  - (f) State reasons for termination;
  - (g) State prognosis;
  - (h) Describe any follow-up or aftercare services planned;
  - (i) Describe steps taken to refer client to other agencies or providers as needed;
  - (j) Be signed by the primary therapist and case manager and by the supervisor if the primary therapist or case manager is not a mental health professional.

**NEW SECTION****WAC 275-56-490 SERVICES ADMINISTRATION—PROMPT CLOSURE OF CASES.** Cases shall be closed promptly.

- (1) Cases involving planned termination shall be closed within thirty days of final contact. Planned and/or necessary leaves from treatment for up to ninety days shall be documented in the client's record and the case need not be closed.
- (2) Other cases shall be closed within ninety days of the last attempt to contact the client. Unexplained interruptions in client contacts shall be followed up by the primary therapist or case manager, and these contacts documented in the client's record. Clients known to be dangerous to self or others or gravely disabled shall be contacted by telephone within twenty-four hours of a missed appointment. If telephone contact is not possible, staff shall use other appropriate methods to maintain contact.

**NEW SECTION****WAC 275-56-495 SERVICES ADMINISTRATION—MEDICAL RESPONSIBILITY.** Medical responsibility shall be vested in a psychiatrist or other physician.

- (1) A physician licensed to practice pursuant to chapter 18.71 RCW, and at least board eligible in psychiatry, shall be responsible for agency medical services.
  - (a) Provider agencies unable to recruit a psychiatrist may employ a physician without board eligibility in psychiatry provided:
    - (i) Psychiatric consultation is available for the physician at least monthly; and
    - (ii) The physician participates in at least twenty hours per year of continuing medical education in psychiatry.
  - (b) The provider may divide medical responsibility among a number of physicians employed in part-time staff or consultative roles.
- (2) Medications shall be prescribed, administered, and monitored by a physician and/or by a certified registered nurse (WAC 308-120-300) under the supervision of a physician.
  - (a) A registered nurse or licensed practical nurse may administer medications under the supervision of a physician.
  - (b) Medications shall be monitored by a physician or registered nurse.
  - (c) Medications shall be reviewed by a physician at intervals of no greater than two months.
  - (d) Medication information shall be maintained in the client record documenting at least the following for each prescribed medication:
    - (i) Name of medication,
    - (ii) Dosage,
    - (iii) Reason for medication in relation to the client's treatment plan,
    - (iv) Date prescribed,
    - (v) Date renewed,
    - (vi) Observed effects and side effects, including reports of laboratory findings required by the mental health treatment plan,
    - (vii) Reasons for change when applicable, and

- (viii) Name and signature of prescribing physician.
- (3) When a psychiatrist is available and working with the provider, he or she shall participate in multidisciplinary teams responsible for treatment planning and review.
- (4) When medical as well as mental health problems are identified through screening or intake, a psychiatrist or other physician shall be consulted in treatment planning and at regular intervals during the course of treatment.

**NEW SECTION****WAC 275-56-500 SERVICES ADMINISTRATION—MEDICATION STORAGE AREAS.** Medication storage areas shall be inspected and inventoried at least quarterly by the administrator, or designated clinical staff person.

- (1) All medication shall be kept in locked storage.
- (2) Any medications kept in a refrigerator containing other items shall be kept in a separate container with proper security.
- (3) No outdated medications shall be retained, and medications shall be disposed of in accordance with federal regulations.
- (4) Medications for external use shall be stored separately from oral and injectable medications.

**NEW SECTION****WAC 275-56-505 SERVICES ADMINISTRATION—EXTRAORDINARY OCCURRENCES.** There shall be procedures for the handling, review, and documentation of extraordinary occurrences.

- (1) Procedures shall be established for responding to and reviewing situations involving:
  - (a) Injury or potential injury to clients or staff;
  - (b) Suicide or homicide by a client;
  - (c) Client behavior so bizarre or disruptive as to threaten the program;
  - (d) Disaster or threatened disaster of natural or human origin.
- (2) Extraordinary occurrences shall be reported immediately to appropriate supervisory staff.
- (3) The following provisions shall be made for responding appropriately to extraordinary occurrences:
  - (a) Ensuring the safety of clients and staff;
  - (b) Medical attention when needed;
  - (c) Ensuring client rights and protection of confidential materials;
  - (d) Mobilizing and/or relating to emergency services in the community;
  - (e) Responding to the mental health needs of clients' families and significant others as appropriate;
  - (f) Documentation of actions taken in response to the extraordinary occurrence;
  - (g) Evaluation of actions taken.
- (4) The extraordinary event and actions taken shall be reviewed as soon as practicable after the event.
  - (a) Where possible, a staff committee shall be appointed to assist in such reviews.
  - (b) The review shall determine the appropriateness and effectiveness of actions taken.
  - (c) The review shall identify any actions reducing the probability of similar events occurring.
- (5) A complete documentation of each such event and review shall be maintained by the administrator or designee. Where appropriate, documentation shall be entered in client record.

**NEW SECTION****WAC 275-56-510 SERVICES ADMINISTRATION—POLICIES AND PROCEDURES RELATED TO CLIENT RECORDS.** There shall be written policies and procedures relating to client records. Policies and procedures will occur:

- (1) Record content,
- (2) Recording and assessment of progress,
- (3) Record completeness,
- (4) Maintenance of outpatient group records,
- (5) Emergency records,
- (6) Security of client records,
- (7) Confidentiality of client records, and
- (8) Release of information.



NEW SECTION

WAC 275-56-515 SERVICES ADMINISTRATION—CONTENT OF CLIENT RECORDS. A record shall be established and maintained for each client completing intake.

(1) The record shall contain documentation of application and authorization for treatment, including:

- (a) Application for services;
- (b) Fees to be charged for services;
- (c) Signed authorization for release and/or receipt of information where appropriate;
- (d) Signed consent for use of any medication.

(2) The record shall contain screening and intake information sufficient to assess client needs and strengths and to plan treatment.

(3) The record shall contain a report of each collateral contact.

(4) The record shall contain records or summaries of any psychiatric inpatient services provided during and two years previous to treatment.

(5) The record shall contain reports of special evaluative procedures where available.

(6) The record shall contain a drug use profile when applicable, established at intake and maintained throughout the course of treatment.

(7) The record shall contain the name of the primary therapist and/or case manager.

(8) The record shall contain the service plan signed by the client or responsible other, the primary therapist or case manager, and the supervisor when the primary therapist or case manager is not a mental health professional.

(9) The record shall contain progress notes describing client progress in achieving treatment goals and signed by the primary therapist or case manager and maintained in a timely fashion.

(10) The record shall contain documentation of any unusual events or special procedures.

(11) The record shall contain documentation of all disclosures.

(12) The record shall contain notes documenting case review with the case reviewer's signature.

(13) The record shall contain treatment summaries prepared at appropriate intervals and signed by the primary therapist or case manager and the clinical supervisor.

(14) The record shall contain modifications of the treatment plan.

(15) The record shall contain transfer and termination plans.

(16) The record shall contain transfer and termination summaries signed by the primary therapist or case manager and by the supervisor when the primary therapist or case manager is not a mental health professional.

(17) Exceptions to subsections (1) through (16) of this section for the purpose of maintaining records relevant to the client's cultural setting and/or alternative service delivery models may be requested in writing from the department.

NEW SECTION

WAC 275-56-520 SERVICES ADMINISTRATION—OUTPATIENT GROUP RECORDS. A record shall be established and maintained for each outpatient psychotherapy or psychoeducational group.

(1) The record shall contain the following:

- (a) A current roster of all clients and/or participants;
- (b) Name of staff responsible for conducting the group;
- (c) A plan for the group, including goals and objectives;
- (d) Progress notes recorded after each session documenting group activities and special individual action or participation;
- (e) A record of any unusual events;
- (f) Modifications in the group plan.
- (g) A termination summary of the course of the group, including assessment of goal achievement.

(2) In the case of psychotherapy groups, a summary of group progress will be prepared at least every ninety days and signed by the therapist and supervisor.

(3) Group records shall be maintained concurrently and in conjunction with the individual client records, with cross-referencing as appropriate.

NEW SECTION

WAC 275-56-525 SERVICES ADMINISTRATION—TELEPHONE AND OUTREACH EMERGENCY SERVICES RECORDS. Providers of telephone and outreach emergency services shall maintain records documenting all emergency contacts.

(1) Emergency records shall document, when possible, the following:

- (a) Client name, address, and telephone number;
  - (b) Name and telephone number of person or agency making initial contact (if other than client);
  - (c) Time of initial contact;
  - (d) Responsible staff;
  - (e) Time and location of outreach;
  - (f) Nature of emergency;
  - (g) Summary of services provided;
  - (h) Names of persons and agencies cooperating in emergency response;
  - (i) Disposition of emergency;
  - (j) Referrals;
  - (k) Condition of client at termination of contact;
  - (l) Follow-up.
- (2) Documentation shall occur after each contact.

NEW SECTION

WAC 275-56-530 SERVICES ADMINISTRATION—SECURITY OF CLIENT RECORDS. All client records shall be stored in a manner ensuring record security and client confidentiality.

(1) Records shall be maintained in locked cabinets, and/or shall be housed in a fully enclosed room with a lockable door.

(2) All records checked out during the working day shall be returned to the records room by the end of the day. When not in use, such records shall be kept in a locked cabinet, container or desk.

NEW SECTION

WAC 275-56-535 SERVICES ADMINISTRATION—RETENTION AND DESTRUCTION OF CLIENT RECORDS. Records shall be retained by the provider in accordance with WAC 275-56-530 and shall be destroyed in a manner completely eradicating content and client names.

(1) Client records shall be retained for a period of not less than five years beyond the last contact with the client.

(2) When the client is a minor, the record shall be maintained for a period of not less than three years beyond the client's eighteenth birthday, or five years beyond the last contact, whichever is the longer period of time.

(3) A complete discharge summary by a member of the clinical staff and reports of special assessment and/or examination procedures shall be retained for a period of not less than ten years beyond the last contact with the client or three years beyond the client's eighteenth birthday, whichever is the longer period of time.

(4) Telephone crisis logs shall be retained for not less than two years.

NEW SECTION

WAC 275-56-540 SERVICES ADMINISTRATION—RELEASE OF CLIENT RECORD OR INFORMATION. The client record or information contained in the client record shall not be released without a signed authorization by the client. The fact of admission and all information and records compiled in the course of providing services to either voluntary or involuntary clients shall not be released except under the conditions stated in these standards under client rights to confidentiality.

NEW SECTION

WAC 275-56-545 EMERGENCY SERVICES—WRITTEN DESCRIPTIONS. There shall be written descriptions of all emergency services components specifying expected outcomes of these activities.

(1) Descriptions shall include:

- (a) Nature, location, and availability of services;
- (b) Qualifications of staff;
- (c) Client needs addressed by these services.

(2) Descriptions shall include protocols for each emergency service component. Protocols for emergency outreach shall include criteria for outreach response.

(3) Expected outcomes shall be stated, as much as possible, in behavioral terms.

**NEW SECTION**

**WAC 275-56-550 EMERGENCY SERVICES—STAFFING.** Emergency services shall be provided by qualified and trained staff.

(1) Twenty-four hour telephone and outreach emergency services shall be directed by a mental health professional with at least two years experience in emergency services and/or emergency services administration.

(2) Nonprofessional staff, volunteers, and students providing telephone or outreach crisis intervention shall be trained in mental health emergency identification and intervention and directly supervised by a mental health professional available twenty-four hours per day, seven days per week.

(3) All staff members, volunteers, and students providing emergency services shall receive at least an annual update of training in mental health emergency identification and intervention.

**NEW SECTION**

**WAC 275-56-555 EMERGENCY SERVICES—TWENTY-FOUR HOUR TELEPHONE SERVICES.** Twenty-four hour telephone emergency services shall be provided.

(1) Twenty-four hour telephone service shall:

- (a) Be provided in accordance with written protocol;
- (b) Respond to calls;
- (c) Screen calls and provide information, referral or immediate counseling to assist the caller in resolving the emergency;
- (d) Connect caller, as needed, to centralized emergency services (911) or, in the absence of such capability, mobilize and coordinate necessary related services (medical, police, fire, ambulance, child protective services, county-designated mental health professional, etc.);
- (e) Attempt to facilitate provision of needed services;
- (f) Document all telephone contacts and disposition, including any significant departures from protocol.

(2) Emergency telephone numbers shall be prominently listed in all telephone directories in the areas served by the provider.

**NEW SECTION**

**WAC 275-56-560 EMERGENCY SERVICES—TWENTY-FOUR HOUR OUTREACH SERVICES.** Twenty-four hour emergency outreach services shall be provided. Outreach services shall consist of face-to-face evaluation and treatment of mental health emergencies for acutely mentally ill persons of all ages, and will:

- (1) Be provided in accordance with written protocol;
- (2) Be provided promptly after screening and dispatch, and document any decision not to respond;
- (3) Seek to stabilize the emergency situation and to provide immediate or continuing treatment in the least restrictive environment possible;
- (4) Be closely coordinated with the county's involuntary treatment system, and draw upon the resources of the system as needed;
- (5) Utilize and mobilize all necessary community emergency resources;
- (6) Be appropriate to the age of the person, and involve family and significant others when indicated and possible;
- (7) Refer, when appropriate, to ongoing provider services or to other community service providers, and facilitate referrals;
- (8) Provide follow-up on all emergency contacts to maintain stabilization and to ensure dispositions are carried out and needed services and linkages are provided;
- (9) Document all contacts and the contact's disposition, including any significant departures from written protocol.

**NEW SECTION**

**WAC 275-56-565 EMERGENCY SERVICES—CRISIS RESOLUTION SERVICES.** Sufficient evaluation and treatment services shall be provided to clients to determine severity and urgency of disturbance, to stabilize crises, and to determine need for further treatment.

(1) Crisis resolution services shall be provided in accordance with written protocol. Any significant departure from protocol shall be documented in the client's record.

(2) At a minimum, one face-to-face assessment and/or evaluation session and up to four treatment and/or crisis stabilization sessions shall be available to persons requesting services. Such clients may be referred to another provider if assessment and/or evaluation reveals the appropriate services are not offered by the provider.

(3) No later than the fourth treatment and/or crisis stabilization session, there shall be a determination as to whether the client is an acutely or chronically mentally ill or seriously disturbed person in need of further treatment.

**NEW SECTION**

**WAC 275-56-570 EMERGENCY SERVICES—CONTINUITY OF CARE.** Continuity of care shall be maintained for clients needing further treatment. When a client receiving brief treatment and/or crisis stabilization services is determined to be acutely or chronically mentally ill or seriously disturbed and in need of further treatment, the provider shall attempt to maintain continuity of care through continuation in or transfer to ongoing provider programs or referral to other appropriate community services.

**NEW SECTION**

**WAC 275-56-575 OUTPATIENT SERVICES—WRITTEN DESCRIPTIONS.** There shall be written descriptions of all outpatient service components directed to unique client needs specifying expected outcomes of such activities.

(1) Description shall include:

- (a) Nature, location, and availability of services;
  - (b) Qualifications of staff;
  - (c) Client needs addressed by such services.
- (2) Descriptions shall include protocols for each service component.
- (3) Expected outcomes shall be stated, as much as possible, in behavioral terms.

**NEW SECTION**

**WAC 275-56-580 OUTPATIENT SERVICES—STAFFING.** Outpatient services shall be provided by qualified staff.

(1) Outpatient services shall be directed by a mental health professional with at least two years of additional supervised postgraduate experience in mental health services, including experience with major treatment modalities and with acutely and chronically mentally ill and seriously disturbed clients.

(2) Staff providing outpatient services shall be trained and experienced in the clinical modalities and techniques utilized.

(3) Staff shall be assigned to outpatient service programs and locations on the basis of training and experience to meet client needs in the programs and locations.

**NEW SECTION**

**WAC 275-56-585 OUTPATIENT SERVICES—SERVICE DELIVERY.** Outpatient services shall be provided to acutely and chronically mentally ill and seriously disturbed persons not having significant need for structured day treatment, and unwilling or unable to participate in day treatment, or as an adjunct to day treatment services.

(1) Outpatient services shall include the following components:

- (a) Individual therapy,
- (b) Group therapy,
- (c) Family therapy,
- (d) Marital or couples therapy, and
- (e) Medication evaluation and monitoring.

(2) Outpatient services shall be provided in accordance with written protocol. Significant departures from protocol shall be documented in client records.

(3) Outpatient services to underserved populations (ethnic and racial minorities, children, elderly, and disabled persons) shall include alternative models of service delivery such as:

- (a) Services in a local area in an appropriate and acceptable environment for the clientele;
- (b) Outreach services;
- (c) Services offered by alternate providers such as natural care givers or traditional healers;
- (d) Alternate service components such as home visits, school visits or visits to other community agencies.

**NEW SECTION**

**WAC 275-56-590 DAY TREATMENT SERVICES—WRITTEN DESCRIPTIONS.** There shall be written descriptions of all day treatment service components directed to unique client needs specifying expected outcomes of such activities.

(1) Descriptions shall include:

- (a) Nature, location, and availability of services;
  - (b) Qualifications of staff;
  - (c) Client needs addressed by such services.
- (2) Descriptions shall include written protocols for each service component and for each regularly scheduled special service.
- (3) Expected outcomes shall be stated, as much as possible, in behavioral terms.

**NEW SECTION**

**WAC 275-56-595 DAY TREATMENT SERVICES—STAFFING.** Day treatment services shall be provided by adequate numbers of qualified staff.

(1) Day treatment services shall be directed by mental health professionals with at least two years supervised postgraduate experience in programs of services to acutely and chronically mentally ill and seriously disturbed persons.

(2) One paid staff member shall be present in all day treatment sessions conducted by the provider.

(3) Minimum staff-to-client ratios for day treatment sessions shall be maintained as follows:

(a) One clinical staff member for every four scheduled clients thirteen years of age and under, with at least one such staff member a child mental health specialist;

(b) One clinical staff member for every six scheduled clients aged fourteen through seventeen, with at least one such staff member a child (adolescent) mental health specialist;

(c) One clinical staff member for every twelve scheduled clients aged eighteen and over, with one such staff member a geriatric mental health specialist in sessions serving primarily elderly (age sixty and over) clients. One clinical staff member for every eight scheduled clients shall be present in any group therapy or therapeutic community session.

**NEW SECTION**

**WAC 275-56-600 DAY TREATMENT SERVICES—APPROPRIATE LIAISON.** The provider shall maintain appropriate liaison with other agencies and persons serving day treatment clients. There will be agreements where possible with other agencies or facilities serving day treatment clients, such as:

- (1) Division of vocational rehabilitation,
- (2) Educational or training agencies or organizations,
- (3) Employment agencies,
- (4) Sheltered workshops,
- (5) Employers,
- (6) Recreational facilities,
- (7) Persons or organizations providing personal services,
- (8) Senior citizens information and assistance,
- (9) Area agencies on aging, and
- (10) Public and private ethnic service agencies and organizations.

**NEW SECTION**

**WAC 275-56-605 DAY TREATMENT SERVICES—SERVICE DELIVERY.** Day treatment services shall be provided on a regular basis to acutely and chronically mentally ill and seriously disturbed persons needing this type of service.

(1) Day treatment services shall be provided in accordance with written protocol. Significant departures from protocol shall be documented in the client's record.

(2) Day treatment services shall be available to the client at least three times weekly.

(3) Day treatment services shall be planned and structured activities designed for the following levels of client need:

- (a) Structuring the day and leisure time and maintaining self in an environment less restrictive than an inpatient setting.
- (b) Developing skills to increase the likelihood of engaging in productive activities.
- (c) Participating more effectively in education or employment.
- (d) Day treatment services may also be designed to manage, reduce, or eliminate psychopathology.

**NEW SECTION**

**WAC 275-56-610 DAY TREATMENT SERVICES—SERVICE COMPONENTS.** Day treatment services shall include components necessary to meet the maintenance or psychosocial habilitation or rehabilitation needs of clients.

(1) Each day treatment program shall provide or arrange for the following service components:

(a) Training in basic living and social skills. Day treatment services to children and youth shall include age-appropriate developmental skill building;

(b) Vocational habilitation or rehabilitation, including prevocational services;

(c) Supported work and/or schooling;

(d) Day activities, including socialization and recreation.

(2) Day treatment programs may provide or arrange for the following therapeutic components:

(a) Individual, couples, or family psychotherapy,

(b) Group psychotherapy,

(c) Therapeutic community,

(d) Medication evaluation and monitoring, and

(e) Case management.

(3) The particular mix of components shall be determined by client needs.

(4) Day treatment service plans shall include at least two of the components listed in subsection (1) of this section.

**NEW SECTION**

**WAC 275-56-615 DAY TREATMENT SERVICES—AGE-APPROPRIATE SERVICES.** Day treatment services shall be age-appropriate.

(1) Services to school-age children and youth shall include or allow for suitable educational programs.

(a) Clients with special educational needs shall be provided with special educational programs, either as an integral part of provider services or by cooperative arrangements with schools.

(b) Day treatment shall be scheduled to permit regular school attendance for clients able to function in a regular school setting.

(2) Services to preschool children shall include parent involvement, when possible.

(3) Services to elderly shall include attention to medical and nutritional needs and shall be capable of providing or arranging for emergency medical services during all operational hours.

**NEW SECTION**

**WAC 275-56-620 CONSULTATION AND EDUCATION SERVICES—WRITTEN DESCRIPTIONS.** There shall be written descriptions of all consultation and education service components specifying expected outcomes for regularly provided services.

(1) Descriptions shall include:

(a) Nature and availability of services,

(b) Target population, and

(c) Client needs to be addressed.

(2) Descriptions shall include protocols for developing and implementing consultation and education services.

(3) Expected outcomes shall be stated in terms of the specific changes in skills or awareness to be accomplished by the service.

**NEW SECTION**

**WAC 275-56-625 CONSULTATION AND EDUCATION SERVICES—STAFFING.** Consultation and education services shall be provided by qualified staff.

(1) Consultation and education services will be coordinated by a mental health professional or by an educator with at least one year of experience in health or mental health education.

(2) Consultation and education services will be provided by qualified staff or consultants.

**NEW SECTION**

**WAC 275-56-630 CONSULTATION AND EDUCATION SERVICES—SERVICE DELIVERY.** Services shall be provided to assist others in the community to understand and care for acutely and chronically mentally ill and seriously disturbed persons.

(1) Case consultation shall be available to staff of other agencies, including inpatient and residential facilities, as a means of developing or improving service delivery for the priority populations.

(2) The following components may be provided:

(a) Program consultation to other agencies to assist in program design and planning for mental health-related services for acutely and chronically mentally ill and seriously disturbed persons;

(b) Continuing education programs and services to community care givers to develop and/or increase skills in providing mental health services to the priority populations and underserved groups;

(c) Information about mental health issues and services through various public media (newspapers, television, radio, etc.);

(d) Educational services for families of acutely and chronically mentally ill and seriously disturbed persons;

(e) Community education programs for the public at large, and for at-risk target populations, to provide information and skills development in regard to specific mental health topics.

(3) Records shall be maintained of all consultation and education services provided.

#### NEW SECTION

**WAC 275-56-635 COMMUNITY SUPPORT SERVICES—WRITTEN DESCRIPTIONS OF ALL COMMUNITY SUPPORT SERVICE COMPONENTS.** There shall be written descriptions of all community support service components directed to unique client needs specifying expected outcomes of such activities.

(1) Descriptions shall include:

(a) Nature and availability of services;

(b) Qualifications of staff;

(c) Client needs addressed by such services.

(2) Descriptions shall include protocols for maintaining necessary liaisons and contacts and for implementing each service component and each regularly scheduled special service.

(3) Expected outcomes shall be stated, as much as possible, in behavioral terms.

#### NEW SECTION

**WAC 275-56-640 COMMUNITY SUPPORT SERVICES—STAFFING.** Community support services shall be provided by qualified staff.

(1) Community support services shall be under the direction of a mental health professional with at least two years supervised experience in direct treatment of chronically mentally ill persons.

(2) One person shall be assigned to serve as case manager for each client receiving community support services. The case manager shall be responsible for coordination of services, including necessary mental health, residential, social, vocational, health, educational, income management, and other necessary support services on the client's behalf.

(3) Records shall be maintained of all community support services provided.

#### NEW SECTION

**WAC 275-56-645 COMMUNITY SUPPORT SERVICES—WORKING ARRANGEMENTS.** The provider shall establish and maintain working arrangements with social and health agencies and other community resources necessary for chronically mentally ill persons to live in the community. Liaison shall be established and maintained with agencies and resources such as:

(1) County-designated mental health professionals,

(2) Public assistance and Social Security,

(3) Sheltered workshops and contract employers,

(4) Community college and other educational programs,

(5) Division of vocational rehabilitation,

(6) Employment security,

(7) Local hospitals,

(8) State hospitals,

(9) Residential care providers,

(10) Public and private housing resources,

(11) Area agencies on aging,

(12) Public and private ethnic service agencies and organizations,

(13) Other health and human services providers, and

(14) Family advocacy and self-help groups.

#### NEW SECTION

**WAC 275-56-650 COMMUNITY SUPPORT SERVICES—CONTACT WITH INPATIENT FACILITIES.** The provider shall maintain liaison with state and local inpatient psychiatric facilities so as to be informed of the status of all clients, former clients, and potential clients needing community support services. Contact with facility and attending staff shall take place weekly to maintain current information.

#### NEW SECTION

**WAC 275-56-655 COMMUNITY SUPPORT SERVICES—PLANNING FOR PATIENT DISCHARGE.** The provider shall participate in planning for discharge of both voluntary and involuntary patients from state hospitals and other acute care residential facilities. Staff shall work with facility and attending staff, patients, and patients' families in planning for services to persons nearing discharge from such facilities.

#### NEW SECTION

**WAC 275-56-660 COMMUNITY SUPPORT SERVICES—MAINTAINING CONTACT WITH PROSPECTIVE CLIENTS.** The provider shall attempt to maintain contact with persons released from Involuntary Treatment Act (ITA) detention or commitment.

(1) The provider shall maintain liaison with ITA personnel and with evaluation and treatment facilities so as to be informed of the needs of persons released from detention or commitment.

(2) Staff shall attempt to contact prospective clients and significant others within forty-eight hours of release from ITA detention or commitment in order to describe and offer community support and other available services.

#### NEW SECTION

**WAC 275-56-665 COMMUNITY SUPPORT SERVICES—SERVICE DELIVERY.** A program of community support services shall be provided to acutely and chronically mentally ill persons to assist such persons in living in the community.

(1) Services shall be provided in accordance with written protocol. Any significant departure from protocol shall be documented in the client's record.

(2) Acutely and chronically mentally ill persons seeking or referred for community support services shall be screened and admitted to the service as appropriate as soon as possible.

(3) Clients shall receive emergency, outpatient or day treatment services as appropriate to the client's needs.

(4) Staff shall provide supportive services to families and others significant to the client to facilitate the development and maintenance of natural support systems.

(5) Medications shall be monitored by qualified personnel (WAC 275-56-465).

(a) A schedule for monitoring of all prescribed medications shall be established by the prescribing physician.

(b) The client's drug profile shall be maintained by a physician, registered nurse or licensed practical nurse.

(c) All medication monitoring activities shall be documented in the client's record.

(d) Screening for side effects of psychotropic medication shall be documented and any corrective actions noted.

(6) Records shall be maintained of all community support services provided.

#### NEW SECTION

**WAC 275-56-670 COMMUNITY SUPPORT SERVICES—CASE MANAGEMENT.** Case management services shall be provided to all enrolled community support services clients.

(1) The case manager shall review all available treatment records and shall participate, if possible, in discharge planning.

(2) A plan for case management services as part of the service plan shall be collaboratively developed, implemented, and updated.

(a) The client shall participate in case management planning and implementation according to the client's ability.

(b) Case management planning shall document the involvement of the client's family and/or significant others as appropriate and available, and as consistent with standards relating to confidentiality.

(c) Case management shall be implemented in the service plan and shall be reviewed by the supervisor.

#### NEW SECTION

**WAC 275-56-675 COMMUNITY SUPPORT SERVICES—COORDINATION OF OTHER SUPPORTIVE SERVICES.** Case management shall facilitate and coordinate all necessary mental health, health, social, and other supportive services on the client's behalf.

(1) The case manager shall consult regularly as needed with other significant persons, such as:

- (a) Physicians,
- (b) Attorneys,
- (c) Child protective services,
- (d) Probation officers,
- (e) Senior services providers,
- (f) Family,
- (g) Landlords, and
- (h) Public assistance or Social Security.

(2) The case manager shall maintain contact with county staff responsible for client tracking.

(3) When a client is served by a case manager, not the primary therapist, the case manager shall meet with or otherwise contact the client at least twice monthly to ascertain needs and provide necessary supportive services.

(4) All case management contacts and services shall be documented in the client's record.

#### NEW SECTION

WAC 275-56-680 PREADMISSION SCREENING SERVICES—WRITTEN DESCRIPTIONS. There shall be written descriptions of preadmission screening services specifying expected outcomes of such services.

(1) Descriptions shall include:

- (a) Nature and availability of services;
- (b) Qualifications of staff;
- (c) Usual referral sources and procedures.

(2) Descriptions shall include protocols for development of and response to referrals, maintenance of liaison with state facilities, and preadmission screening services.

(3) Expected outcomes shall be stated in terms of appropriate utilization of state-operated voluntary and involuntary facilities and diversion to less restrictive alternatives.

#### NEW SECTION

WAC 275-56-685 PREADMISSION SCREENING SERVICES—STAFFING. Preadmission screening services shall be provided by qualified staff.

(1) Preadmission screening services shall be coordinated by a mental health professional with at least one year of supervised experience working with acutely and chronically mentally ill patients.

(2) Staff providing screening services shall be trained in the use of reliable and valid methods of assessing clinical status, severity of disturbance, and appropriateness of state hospital admission.

#### NEW SECTION

WAC 275-56-690 PREADMISSION SCREENING SERVICES—WORKING AGREEMENTS. Working agreements shall be established with agencies and professionals regarding referral of clients for preadmission screening and disposition.

(1) Agreement shall be established with:

- (a) Local courts,
- (b) Law enforcement agencies,
- (c) Child protective services,
- (d) Hospital emergency rooms,
- (e) Juvenile justice authorities,
- (f) Other social, health, and mental health agencies, and
- (g) Physicians, psychologists, and other local mental health professionals.

(2) All such referral sources shall be informed of the availability of such services and requested to utilize the services in lieu of direct referral to state facilities.

(3) Liaison and information updates shall be maintained with admitting and program staff of state hospitals, PORTAL, and the child study and treatment center.

#### NEW SECTION

WAC 275-56-695 PREADMISSION SCREENING SERVICES—AVAILABILITY. Screening shall be provided for voluntary admission to state mental health facilities. Information, screening, and assessment shall be provided to persons on referral from the courts, other public agencies or professionals to determine needs for and appropriateness of admission to state facilities.

(1) Face-to-face assessment shall be available during all regular operational hours.

(2) Telephone response and information shall be available on a twenty-four hour per day, seven day per week basis.

(3) Up to three screening contacts with mentally ill persons, significant others, and/or referral sources may be provided without intake.

#### NEW SECTION

WAC 275-56-700 PREADMISSION SCREENING SERVICES—SERVICE DELIVERY. Preadmission screening shall consist of assessment of client status and need for inpatient services, recommendations to referring agencies or professionals, and facilitation of admission.

(1) Assessment of client status and need may be accomplished through:

- (a) Face-to-face interview and standardized assessment procedures;
- (b) Face-to-face or telephone contact with referral source when client contact cannot be accomplished.

(2) Assessment shall always consider less restrictive alternatives.

(3) Recommendations shall be made to referral sources regarding admission to state facilities. Recommendations by telephone shall be followed up in writing.

(4) Staff shall facilitate voluntary admission to state facilities.

(5) Arrangement shall be made for direct admission to a state hospital when a determination has been made the person meets criteria for involuntary treatment and no alternative is available.

#### NEW SECTION

WAC 275-56-705 PREADMISSION SCREENING SERVICES—RECORD OF PREADMISSION SCREENING SERVICES. A record of all preadmission screening services shall be maintained. The record shall document:

- (1) Client name and other identifiers specified by the department;
- (2) Referring agency and person;
- (3) Referral information, including appropriateness of involuntary treatment;
- (4) Services provided, including records of assessment procedures and data;
- (5) Recommendations;
- (6) Disposition;
- (7) Activities of agency staff to facilitate admission, when recommended.

#### NEW SECTION

WAC 275-56-710 INPATIENT SERVICES—WRITTEN DESCRIPTIONS. There shall be written descriptions of inpatient services specifying expected outcomes of such services.

(1) Descriptions shall include:

- (a) Number of beds in:
  - (i) Locked, and/or
  - (ii) Unlocked facilities.
- (b) Nature of service;
- (c) Qualifications of staff and of affiliated and consulting staff;
- (d) Criteria for admission and discharge;
- (e) Expected length of stay;
- (f) Provisions for continuity of care between inpatient and other community mental health services.

(2) Descriptions shall include protocols for implementation of all service components.

(3) Expected outcomes for clients in inpatient services shall be stated, as much as possible, in behavioral terms.

#### NEW SECTION

WAC 275-56-715 INPATIENT SERVICES—STAFFING. Inpatient mental health services shall be provided by qualified staff.

(1) Inpatient services shall be under the general direction of a psychiatrist.

(2) Services shall be provided by or under the supervision of mental health professionals with at least one year experience in psychiatric inpatient settings.

(a) A registered nurse (chapter 18.88 RCW) with at least two years psychiatric experience shall be available twenty-four hours per day, seven days per week.

(b) At least one registered nurse or licensed practical nurse with psychiatric inpatient experience shall be on duty at all times.

(c) Other nursing staff shall be experienced and/or shall have in-service training in mental health services appropriate to treatment of acutely mentally ill persons.

(d) Other regular mental health professional staff shall include at least one-half full-time equivalent (FTE):

- (i) Psychologist licensed pursuant to chapter 18.83 RCW,
- (ii) Social worker, and
- (iii) Certified occupational therapist.

#### NEW SECTION

**WAC 275-56-720 INPATIENT SERVICES—SERVICE DELIVERY.** Inpatient services shall be provided only in facilities licensed by the state of Washington department of social and health services or operated by the federal government.

- (1) Provider-operated inpatient facilities shall be so licensed.
- (2) Providers without inpatient facilities shall refer clients only to facilities so licensed or operated.

#### NEW SECTION

**WAC 275-56-725 INPATIENT SERVICES—RANGE OF SERVICES.** Inpatient services shall include a full range of medical and mental health services to meet the needs of acutely mentally ill persons for acute, intensive care.

- (1) Services shall include at least the following:
  - (a) Emergency services;
  - (b) Admission and all residential services;
  - (c) All necessary medical diagnostic and treatment services;
  - (d) Psychodiagnostic services;
  - (e) Social services;
  - (f) Individualized treatment plans to include, as appropriate:
  - (i) Psychotropic medication with monitoring of effects and side-effects;
  - (ii) Individual and/or family psychotherapy;
  - (iii) Group psychotherapy;
  - (iv) Milieu therapy.
- (2) Neurological evaluation and treatment shall be available as needed.
- (3) Discharge planning shall be provided in cooperation with community support and other appropriate outpatient or day treatment service providers.

#### NEW SECTION

**WAC 275-56-730 RESIDENTIAL SERVICES—WRITTEN DESCRIPTIONS.** There shall be written descriptions of residential services specifying expected outcomes of such services.

- (1) Descriptions shall include:
  - (a) Nature and location of residential facility or facilities;
  - (b) Number of beds for each level of care;
  - (c) Nature of mental health services;
  - (d) Qualifications of residential and treatment staff;
  - (e) Criteria for admission and discharge;
  - (f) Coordination with other community services;
  - (g) Provisions for health, recreational, vocational, and educational services;
  - (h) Provisions for resident governance and responsibilities for treatment facilities, congregate care facilities, and group homes.
- (2) Descriptions shall include protocols for implementation of residential and mental health services.
- (3) Expected outcomes for clients shall be related to needs for transition or maintenance, and shall be stated, as much as possible, in behavioral terms.

#### NEW SECTION

**WAC 275-56-735 RESIDENTIAL SERVICES—STAFFING.** Residential services shall be provided by qualified staff. Residential mental health services shall be directed by a mental health professional.

#### NEW SECTION

**WAC 275-56-740 RESIDENTIAL SERVICES—SERVICE DELIVERY.** Residential services shall be provided in facilities licensed under chapter 71.12 RCW, in congregate care facilities contracting with the department, or in foster homes or group homes licensed under chapter 74.15 RCW.

(1) Residential facilities operated by providers of other mental health services shall comply with chapter 248-23 or 248-25 WAC.

(2) Foster homes and group homes shall comply with chapter 388-73 WAC.

(3) Residential facilities serving acutely or chronically mentally ill or seriously disturbed persons shall provide or contract for mental health services meeting state minimum standards for community mental health programs.

(a) When mental health services are provided by facility staff, the services shall meet all applicable standards herein required for such services.

(b) Residential facilities shall contract for mental health services only with licensed service providers.

#### NEW SECTION

**WAC 275-56-745 RESIDENTIAL SERVICES—RANGE OF SERVICES.** A full range of mental health services shall be available to acutely and chronically mentally ill and seriously disturbed persons in participating residential facilities.

- (1) The following services shall be available:
  - (a) Emergency services,
  - (b) Outpatient services,
  - (c) Day treatment services,
  - (d) Community support services, and
  - (e) Preadmission screening services.
- (2) Services shall be planned and implemented so as to facilitate client transition to more or less independent living based on functioning level and needs.

**WSR 82-19-076  
EMERGENCY RULES  
DEPARTMENT OF  
SOCIAL AND HEALTH SERVICES  
(Public Assistance)**

[Order 1878—Filed September 21, 1982]

I, David A. Hogan, director of the Division of Administration, do promulgate and adopt at Olympia, Washington, the annexed rules relating to food stamps, amending chapter 388-54 WAC.

I, David A. Hogan, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is these rules are necessary to implement federal requirements which appeared in the April 23, 1982 Federal Register starting on page 17756.

These rules are therefore adopted as emergency rules to take effect upon filing with the code reviser.

This rule is promulgated pursuant to RCW 74.04.510 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED September 20, 1982.

By David A. Hogan  
Director, Division of Administration

AMENDATORY SECTION (Amending Order 1525, filed 7/18/80)

WAC 388-54-605 GENERAL FOOD STAMP PROVISIONS. (1) 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.

(2) Rules in this chapter are for the purpose of carrying out certain requirements for participation in the program. Unless specifically provided for in this chapter, rules and definitions in other chapters of Title 388 WAC do not apply to provisions of chapter 388-54 WAC.

(3) Use or disclosure of information obtained from applicant households, exclusively for the program, shall be restricted to persons directly connected with the administration or enforcement of the provisions of the Food Stamp Act or regulations, or the food distribution program, or with other federal or federally aided, means-tested assistance programs, or with general assistance programs that are subject to the joint processing requirements specified in this program.

The material and information contained in the case file shall be made available for inspection during normal working hours if there is a written request by a responsible member of the household, its currently authorized representative, or a person acting in its behalf to review materials contained in its case file. However, the department may withhold confidential information, such as the names of individuals who have disclosed information about the household without the household's knowledge, or the nature or status of pending criminal prosecutions.

(4) Information available to the public. Federal regulations, federal procedures embodied in FNS notices and policy memos, and state plans of operation (including specific planning documents such as corrective action plans) shall be available upon request for examination by members of the public during office hours at the state agency headquarters. State agency handbooks shall be available for examination upon request at each local certification office within each project area as well as at the state agency headquarters.

(5) The department shall provide any household, aggrieved by the action of the department or an issuing agency in its administration of the program which affects the participation of the household in the program, with a fair hearing upon its request. Chapter 388-08 WAC shall apply unless otherwise indicated in this chapter.

~~((5))~~ (6) ~~The ((certification of)) department shall not discriminate against any applicant ((households and in the issuance of food coupons to eligible households, there shall be no discrimination against any household because))~~ or participant in any aspect of program administration, including but not limited to, the certification of households, the issuance of coupons, the conduct of fair hearings or the conduct of any program service for reason of age, race, color, sex, handicap, religious creed, political beliefs, or national origin.

~~((6))~~ (7) During a presidentially declared disaster or a disaster declared by FNS, the department shall certify

affected households in accordance with FNS instructions.

~~((7))~~ (8) An FNS directive to reduce, suspend or terminate all or any portion of the food stamp program shall require the department to comply in every respect.

(9) A household is not entitled to receive benefits under the food stamp program and the food distribution program administered by an Indian tribal organization during the same calendar month.

AMENDATORY SECTION (Amending Order 1548, filed 10/1/80)

WAC 388-54-620 APPLICATION AND PARTICIPATION—INTERVIEW. (1) All food stamp households including those submitting applications by mail ~~((must be personally interviewed))~~ shall have a face-to-face interview prior to certification or recertification. The ~~((interview))~~ individual interviewed may be ~~((conducted with either a))~~ the head of the household, a spouse, any responsible member of the household or ((its)) an authorized representative. The applicant may bring any person he or she chooses to the interview. The department shall review the information on the application as well as explore and resolve unclear and incomplete information. Households shall be advised of the rights and responsibilities, to include the appropriate application processing standards and the household's responsibility to report changes.

(2) All food stamp applications from SSI households processed by SSADO are excluded from the department's in-office interview requirement.

(3) All interviews will take place in the certification office except in those cases where an office visit is waived; then a home visit or telephone interview is required. Office visits can be waived:

(a) If the household is unable to appoint an authorized representative and has no adult member able to visit the office because of hardships such as, but not limited to, illness, lack of transportation, prolonged severe weather, work hours, care of a household member or remoteness.

(b) If the household is unable to appoint an authorized representative and has no adult member able to visit the office because of age ~~((65))~~ sixty-five or over, mental or physical handicap.

(4) A home visit shall be used only if the time of the visit is scheduled in advance with the household.

AMENDATORY SECTION (Amending Order 1374, filed 3/1/79)

WAC 388-54-625 APPLICATION AND PARTICIPATION—TIME LIMITS. The ~~((application process must be completed in such a manner that the))~~ department shall provide eligible ~~((household may))~~ households that complete the initial application an opportunity to participate in the program as soon as possible ~~((however in)), but no ((case)) later than ((30))~~ thirty calendar days ((of)) following the date ((of receipt of)) the application ((by the department)) was filed.

AMENDATORY SECTION (Amending Order 1653, filed 5/20/81)

WAC 388-54-630 APPLICATION AND PARTICIPATION—VERIFICATION. (1) Mandatory verifications shall include:

(a) Gross nonexempt income. Where verification is not possible because either the person or organization providing the income has failed to cooperate or is unavailable, the department shall determine the amount to be used for certification purposes based on the best available information.

(b) Alien status. The department shall verify the alien status of those household members identified as aliens on the application by the use of INS documents, court orders or other appropriate documentations in possession of the household member. The following applies:

(i) The alien may contact INS to obtain the necessary verification.

(ii) If the alien does not wish to contact INS, the household shall be given the option of withdrawing the application or participating without the alien member.

(iii) If an alien is unable to provide INS documents, the department has no responsibility to offer to contact INS on the alien's behalf. The department's responsibility exists only when the alien has an INS document that does not clearly establish eligible or ineligible alien status. The department shall not contact ((the)) INS to obtain information about the alien's correct status without the alien's written consent.

(iv) While awaiting acceptable verification, the alien whose status is questionable shall be ineligible. The income and resources of the ineligible alien shall be treated in the same manner as a disqualified individual as found in WAC 388-54-830.

(c) Social security number (SSN) for each household member eighteen years and over and children receiving countable income (effective June 1, 1980).

(i) Certification shall not be delayed solely for the verification of SSNs, even if the thirty-day processing period has not expired.

(ii) A verified SSN shall be reverified only if the SSN or the identity of the individual becomes questionable.

(iii) If verification of SSN is not completed at initial certification, it shall be completed at the time of or prior to the household's recertification.

(iv) If verification is not completed within ninety days of initial certification, only the individual whose SSN is not verified shall be disqualified if ((he/she)) he or she is unable to show "good cause" for failure to acquire or apply for the SSN. (See WAC 388-54-687).

(d) Identity. The department shall verify the identity of the person making the application. When an authorized representative applies for a household, the identity of the authorized representative and the head of household shall be verified.

(e) Residency. The residency requirements in WAC 388-54-685 shall be verified except in unusual cases (such as migrant households or households newly arrived in the area) where verification of residency cannot reasonably be accomplished.

(f) Continuing shelter expenses. Shelter costs, other than utilities, shall be verified if allowing the expense could potentially result in a deduction. Verification will be on a one-time basis unless the household has moved, reported an increase in cost which would affect the level of the deduction (only the changed cost shall be verified) or unless questionable.

(g) Utility expenses. The department shall verify utility expenses:

(i) If the household is entitled to the utility standard (one qualifying utility shall be verified on a one-time basis unless the household has moved, changed its utilities or the information is questionable), or

(ii) If the household wishes to claim expenses in excess of the utility standard and the expense would actually result in a deduction.

(iii) The utility standard shall be used if the utility expense cannot be verified in the thirty-day application period.

(iv) Utility expenses claimed for an unoccupied home will be the actual expenses incurred.

(2) If a deductible expense which a household is entitled to claim (shelter cost, utilities, medical) cannot be verified within thirty days of the date of application, the department shall determine the household's eligibility and benefit level without providing a deduction of the claimed but unverified expense.

(3) The following need not be verified unless inconsistent with other information on the application, previous applications, or other documented information known to the department.

(a) Resource information or the exempt status of income.

(b) Nonfinancial information such as household composition, tax dependency, deductible expenses, liquid resources and loans, citizenship.

If it is necessary to verify a loan, a simple statement signed by both parties to the loan shall be sufficient.

(4) The following sources of verification shall be used:

(a) Documentary evidence shall be the primary source of verification. Documentary evidence consists of a written confirmation of a household's circumstances. Whenever documentary evidence cannot be obtained, the department shall use alternate sources of verifications such as:

(i) Collateral contacts. A collateral contact is a verbal confirmation of a household's circumstances by a person outside of the household. This contact may be made either in person or over the phone with any individual who can provide an accurate third-party verification of the household's statements.

(ii) Home visits shall be made only if documentary evidence cannot be obtained and the visit is scheduled in advance with the household.

(b) Documentation shall be in sufficient detail to permit a reviewer to determine the reasonableness and accuracy of the determination.

(5) The household has primary responsibility for providing documentary evidence to support its income statements and to resolve any questionable information. If it would be difficult or impossible for the household to obtain the documentary evidence in a timely manner, the



department shall offer assistance in obtaining this evidence. Designation of a collateral contact is also the responsibility of the household.

(6) At recertification, a change in income or source of income, medical expenses(;) or actual utility expenses claimed, in an amount over twenty-five dollars, shall be verified.

(a) All other changes shall be subject to the same verification procedures as apply at initial certification.

(b) Unchanged information shall not be verified unless questionable.

**AMENDATORY SECTION** (Amending Order 1374, filed 3/1/79)

**WAC 388-54-635 APPLICATION AND PARTICIPATION—AUTHORIZED REPRESENTATIVE.** (1) An authorized representative is an adult nonhousehold member sufficiently aware of household circumstances and who has been designated in writing by the head of household, spouse or other responsible member of the ((family)) household to act on behalf of the household in one or all of the following capacities:

(a) Making application. The authorized representative shall be a person who is sufficiently aware of relevant household circumstances. The head of the household or the spouse should prepare or review the application whenever possible, even though another household member or the authorized representative will actually be interviewed. The department shall inform the household that the household will be held liable for any overissue which results from erroneous information given by the authorized representative, except for residents in drug and alcohol treatment facilities.

(b) Obtaining coupons. The authorized representative for coupon issuance may be the same individual designated to make application for the household or may be another individual.

(c) Emergency situations. The household member named on the identification card may also designate an emergency authorized representative at a later date. A separate written designation is needed each time an emergency authorized representative is used.

(d) Using coupons. The authorized representative may use coupons to purchase food for the household's consumption, with the full knowledge and consent of the household, provided the authorized representative has the household's ID card.

(2) Drug addict or alcohol treatment centers and group homes as authorized representatives. Narcotic addicts or alcoholics who regularly participate in a drug or alcohol treatment program on a resident basis and disabled or blind residents of group living arrangements who receive benefits under Title II or Title XVI of the Social Security Act may elect to participate in the food stamp program.

(a) The resident of drug or alcohol treatment centers shall apply and be certified for program participation through the use of an authorized representative who shall ((also mean a)) be an employee of and designated ((employee of a)) by the private nonprofit organization

or institution ((conducting a drug addiction or alcoholic)) administering the treatment and rehabilitation program. The center, which acts on behalf of eligible persons who reside at the center ((in making application, obtaining)), shall receive and spend the coupons ((and using coupons)) for food prepared by and/or served to the addict or alcoholic.

(b) Residents of group living arrangements shall either apply and be certified through use of an authorized representative employed and designated by the group living arrangement or apply and be certified on their own behalf or through an authorized representative of their own choice.

(3) The following restrictions apply to authorized representatives:

(a) A retailer who is authorized to accept food coupons(;) or an employee of the department, may not act for a household in applying(;) or in purchase of ((coupons or)) food, without the specific written approval of the CSO administrator following a determination that no one else is available to serve.

(b) A ((multi-household)) multihousehold authorized representative may act on behalf of more than one household when the CSO determines there is a bona fide need.

(c) Individuals disqualified for fraud may not serve as authorized representatives during their disqualification period unless no other adult is available.

(4) In the event employers are designated as authorized representatives or a single authorized representative has access to a large number of ATPs or coupons, the department should exercise caution to assure that:

(a) The name of the authorized representative shall be contained in the household's case file and the household has freely requested the assistance of the authorized representative;

(b) The household circumstances are correctly represented and the household is receiving the correct amount of benefits;

(c) The authorized representative is properly using the coupons(, and).

(5) ((Any suspicion of abuse by an authorized representative shall be reported to FNS)) When the department obtains evidence that an authorized representative has misrepresented a household's circumstances and has knowingly provided false information pertaining to the household or has made improper use of coupons, the department shall disqualify the authorized representative from participating as an authorized representative for up to one year. The department shall send written notification to the affected household or households and the authorized representative thirty days prior to the date of disqualification. The notification shall include:

(a) The proposed action;

(b) The reason for the action; and

(c) The household's right to request a fair hearing.

This provision is not applicable in the case of drug and alcoholic treatment centers and those group homes which act as authorized representatives for their residents.

AMENDATORY SECTION (Amending Order 1814, filed 5/19/82)

WAC 388-54-660 APPLICATION AND PARTICIPATION—SPECIAL CIRCUMSTANCES FOR PARTICIPATION. (1) Delivered meals. In order to purchase meals from a nonprofit meal delivery service authorized by FNS, eligible household members:

- (a) Must be sixty years of age or over, or
- (b) Must be housebound, physically handicapped or otherwise disabled to the extent household members are unable to adequately prepare all meals, or
- (c) Be the spouse of such a person.

(2) Communal dining. Members of eligible households sixty years of age or older and spouses, or members receiving SSI and spouses may use all or any part of coupons to purchase meals prepared especially for the household member at a communal dining facility authorized by FNS for that purpose.

(3) Residents of (~~drug-alcohol~~) drug or alcohol treatment and rehabilitation programs. Narcotics addicts or alcoholics regularly participating in a drug or alcoholic treatment and rehabilitation program on a resident basis, may use food coupons to purchase food prepared for or served to the resident during the program, provided:

(a) The program is administered by a private nonprofit organization or institution authorized by FNS as a retailer or certified by the state as providing treatment leading to the rehabilitation of drug addicts or alcoholics pursuant to Public Law 92-255; and

(b) A resident participant shall be certified only under the following conditions:

(i) The resident must voluntarily elect to participate in the food stamp program;

(ii) The resident must be certified through the use of an authorized representative who shall be an employee of, and designated by, the private nonprofit organization administering the treatment and rehabilitation program;

(iii) The resident must be certified as a one-person household.

(c) The drug or alcohol treatment center acting as the authorized representative must agree to the following conditions:

(i) The center must receive and spend the coupon allotment for meals prepared by or served to the addict or alcoholic;

(ii) The center must notify the department of changes in the participant's income, resources or household circumstances and when the addict or alcoholic leaves the treatment center, within ten days of the change;

(iii) The center shall be responsible for and can be penalized or disqualified for any misrepresentation or fraud committed in the certification of center residents and shall assume total liability for food coupons held on behalf of resident participants;

(iv) The treatment center shall provide resident addicts or alcoholics with ID cards and any untransacted ATP cards issued for the household when the household leaves the program;

(v) The treatment center shall provide the household with one-half of the household's monthly coupon allotment when the household leaves the program prior to the sixteenth day of the allotment month;

(vi) The center shall provide the department with a certified list of currently participating residents on a monthly basis;

(vii) The treatment center shall return to the department the household's ATP or coupons received after the household has left the center.

(d) If an alcohol treatment and rehabilitation program is located on an Indian reservation and the department does not certify reservation-based centers, approval to participate shall be granted if the center is funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) pursuant to Public Law 91-616, or was so funded and subsequently transferred to Indian Health Services (IHS) funding.

(4) Residents of group living arrangements receiving benefits under Title II or Title XVI of the Social Security Act. A group living arrangement is defined as: A public or private nonprofit residential setting serving no more than sixteen residents certified by the appropriate state agencies under regulations issued under Section 1616(e) of the Social Security Act. The following applies:

(a) The resident must voluntarily apply for the food stamp program;

(b) If the resident makes an application through the use of a group home's authorized representative, the resident's eligibility shall be determined as a one-person household. If the resident applies on his or her own behalf, the household size shall be in accordance with the definition in WAC 388-54-665;

(c) The department shall certify residents of group living arrangements using the same provisions applying to all other households;

(d) The department shall verify the group living arrangement is nonprofit and authorized by FNS or is certified by the appropriate agency or agencies of the state;

(e) The group living arrangement shall provide the department with monthly lists of participating residents signed by a responsible center official. The department shall conduct periodic random on-site visits to assure the accuracy of the lists;

(f) If the resident made an application on his or her own behalf, the household is responsible for reporting changes to the department. If the group living arrangement is acting in the capacity of an authorized representative, the group living arrangement shall notify the department of changes in the household's income or other household circumstances and when the individual leaves the group living arrangement;

(g) The group living arrangement shall return any household's ATP cards or coupons to the department if received after the household has left the group arrangement;

(h) When the household leaves the facility, the group living arrangement shall provide the resident with the ID card and any untransacted ATP cards;

(i) The group living arrangement shall provide the departing household with the full allotment if issued by direct mail and if no coupons have been spent on behalf of the individual household. These provisions are applicable any time during the month. If the coupons have already been issued and any portion spent on behalf of the resident, the group living arrangement shall provide the resident with one-half of the monthly household's coupon allotment when the household leaves the facility prior to the sixteenth day of the allotment month;

(j) If a resident or a group of residents apply on their own behalf and retain the use of the coupons, the individuals are entitled to keep the coupons when leaving;

(k) If the group living arrangement acts as the authorized representative the facility must be knowledgeable about the household's circumstances and is responsible for any misrepresentation or fraud the facility knowingly commits in the certification of center residents.

(5) Shelters for battered women and children. Effective April 1, 1982, the following provisions apply prior to certifying residents:

(a) The department shall determine the shelter for battered women and children meets the definition in WAC 388-54-665(6)(d);

(b) Shelters having FNS authorization to redeem at wholesalers shall be considered as meeting the definition for battered women and children;

(c) Shelter residents recently leaving a food stamp household containing a person abusing him or her may apply for and (if otherwise eligible) participate in the program as separate households. Shelter residents included in a previously certified food stamp household shall receive an additional allotment as a separate household only once a month;

(d) Shelter residents applying as separate households shall be certified solely on the basis of income, resources, and the expenses for which the residents are responsible. Residents will be certified without regard to the income, resources, and expenses of the former household;

(e) Jointly held resources shall be considered inaccessible in accordance with WAC 388-54-715. The shelter resident's access to the value of the resources is dependent on the agreement of a joint owner still residing in the former household;

(f) The department shall take prompt action to ensure the former household's eligibility or allotment reflects the change in the household's composition.

**AMENDATORY SECTION** (Amending Order 1374, filed 3/1/79)

**WAC 388-54-680 CITIZENSHIP AND ALIEN STATUS.** (1) ~~((To participate))~~ The department shall prohibit participation in the food stamp program ((an applicant shall be)) by any person who is(:

(+)) not a resident of the United States(;) and ((either)) one of the following:

(a) A United States citizen(;-or);

(b) ~~((An alien, as follows:~~

(+)) An alien lawfully admitted for permanent residence as an immigrant pursuant to Sections 101(a)(15) and 101(a)(20) of the Immigration and Nationality Act.

~~((+))~~ (c) An alien who entered the United States prior to June 30, 1948, or some later date as required by law, and has continuously maintained residency in the United States since then, and is not ineligible for citizenship but is considered to be lawfully admitted for permanent residence as a result of an exercise of discretion by the attorney general pursuant to Section 249 of the Immigration and Nationality Act.

~~((+))~~ (d) An alien who qualified for ~~((conditional))~~ entry after March 17, 1980, because of persecution or fear of persecution on account of race, religion(;-) or political opinion ~~((or because of being uprooted by a catastrophic natural calamity))~~ pursuant to Sections 203(a)(7), 207, and 208 of the Immigration and Nationality Act.

(e) An alien who qualifies for conditional entry prior to March 18, 1980, pursuant to former Section 203(a)(7) of the Immigration and Nationalization Act.

(f) An alien granted asylum through an exercise of discretion by the attorney general pursuant to Section 208 of the Immigration and Nationalization Act.

~~((+))~~ (g) An alien lawfully present in the United States as a result of an exercise of discretion by the attorney general for emergent reasons or reasons deemed strictly in the public interest pursuant to Section 212(d)(5) of the Immigration and Nationality Act or as a result of a grant of parole by the attorney general.

~~((+))~~ (h) An alien living within the United States ~~((to))~~ for whom the attorney general has withheld deportation pursuant to Section 243 of the Immigration and Nationality Act because of the judgment of the attorney general that the alien would otherwise be subject to persecution on account of race, religion or political opinion.

~~((4))~~ (2) The CSO shall ~~((verify lawful permanent resident alien status))~~ determine if household members identified as alien are eligible aliens by ~~((use of))~~ requiring the appropriate INS ~~((documentation))~~ verification for each alien member. Aliens unable to furnish this identification are ineligible.

(3) Ineligible aliens. Aliens other than those described in this section shall not be eligible to participate in the program as a member of any household. Among those excluded are alien visitors, tourists, diplomats, and students who enter the United States temporarily with no intention of abandoning their residence in a foreign country. The following applies:

~~((5))~~ (a) The income and resources of an ineligible alien ~~((living in a household shall not))~~ who would be considered a member of a household if he or she did not have ineligible alien status shall be considered in determining eligibility or level of benefits of the household in the same manner as the income and resources of a disqualified member as found in WAC 388-54-830.

(b) If verification of the eligible alien status is not provided on a timely basis, the eligibility of the remaining household members shall be determined. The income and resources of the individual whose alien status is unverified shall be treated in the same manner as a disqualified member as set forth in WAC 388-54-830 and considered available in determining the eligibility of the remaining household members. If verification of eligible

alien status is subsequently received, the department shall act on the information as a reported change in household membership.

(c) When a household indicates inability or unwillingness to provide documentation of alien status for any household member, that member should be classified as an ineligible alien.

(4) Reporting illegal aliens. The department shall inform the local INS office whenever a member of a household is ineligible to receive food stamps because the member is present in the United States in violation of the Immigration and Nationality Act.

AMENDATORY SECTION (Amending Order 1574, filed 12/8/80)

WAC 388-54-690 RESOURCES—ALLOWABLE MAXIMUMS. (1) The maximum allowable resources of all members of the household shall not exceed:

(a) ~~(\$3,000)~~ Three thousand dollars for all households with two or more persons which include at least one member age ~~(60)~~ sixty or over;

(b) ~~(\$1,500)~~ One thousand five hundred dollars for all other households.

(2) The resources of a student as defined in WAC 388-54-670 determined to be ineligible shall not be considered available to other household members, nor shall the individual be counted as a household member in determining the resource eligibility limits.

~~((3) The resources of an ineligible alien living in a household shall not be considered in determining eligibility or level of benefits of the household.)~~

AMENDATORY SECTION (Amending Order 1814, filed 5/19/82)

WAC 388-54-695 RESOURCES—EXEMPT. The following resources shall be exempt:

(1) The home and surrounding property not separated from the home by intervening property owned by others. The home and surrounding property shall remain exempt when temporarily unoccupied for reasons of employment, training for future employment, illness(;) or unhabitability due to casualty or natural disaster, if the household intends to return. Households that currently do not own a home, but own or are purchasing a lot on which the household intends to build or is building a permanent home, shall receive an exemption for the value of the lot and, if the home is partially completed, for the home.

(2) Personal effects (clothing, jewelry, etc.), and household goods (furniture, appliances, etc.), including one burial plot per household member.

(3) Cash value of life insurance policies and pension funds, including funds in pension plans with interest penalties for early withdrawals, such as a Keogh or IRA as long as funds remain in the pension plan.

(4) Vehicles as provided for in WAC 388-54-717.

(5) Property annually producing income consistent with the fair market value, even if only used on a seasonal basis, except rental homes used by households for

vacation purposes at some time during the year shall be counted as resources unless the property is producing annual income consistent with the fair market value.

(6) Property, such as farm land ~~((and))~~, rental homes(;) or work related equipment, such as the tools of a tradesman or the machinery of a farmer, essential to the employment or self-employment of a household member.

(7) Resources of nonhousehold members such as roomers, live-in attendants(;) or ineligible aliens.

(8) Indian lands held jointly with the tribe or land that can be sold only with the approval of the Bureau of Indian Affairs.

(9) Resources prorated as income for self-employed persons or students.

(10) The cash value of resources not accessible to the household, such as but not limited to, irrevocable trust funds, security deposits on rental property or utilities, property in probate, real property and notes receivable not readily liquidated, if the household is making a good-faith effort to sell at a reasonable price and has not been sold.

Funds in a trust or transferred to a trust, and the income produced by that trust to the extent the trust is not available to the household, shall be considered inaccessible to the household if:

(a) The trustee administering the funds is either:

(i) A court, or institution, corporation or organization and is not under the direction or ownership of any household member;

(ii) The individual appointed by the court who has court imposed limitations placed on the household's use of the funds;

(iii) The funds held in irrevocable trust are either established from the household's own funds, if the trustee uses the funds solely to make investments on behalf of the trust or to pay the educational expenses of any person named by the household creating the trust or established from nonhousehold funds by a nonhousehold member;

(iv) Trust investments made on behalf of the trust do not directly involve or assist any business or corporation under the control, direction or influence of a household member.

(b) If the trust arrangement will not likely cease during the certification period; and

(c) If no household member has the power to revoke the trust arrangement or change the name of the beneficiary during the certification period.

(11) Resources excluded for food stamp purposes by express provision of federal law:

(a) Payments received under the Alaska Native Claims Settlement Act or the Sac and Fox Indian Claims Agreement;

(b) Payments received by certain Indian tribal members under Public Law 94-114, Sec. 6, regarding submarginal land held in trust by the United States;

(c) Payments received from the disposition of funds to the Grand River Band of Ottawa Indians;

(d) Benefits received from the women, infants and children program (WIC);

(e) Reimbursement from the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970;

(f) Earned income tax credits received before January 1, 1980, as a result of Public Law 95-600, the Revenue Act of 1978;

(g) Payments received under Title IV CETA amendments of 1978 as follows: Youth incentive entitlement pilot projects, youth community conservation and improvement projects, and youth employment and training programs.

(h) Payments received by the Confederated Tribe of the Yakima Indian Nation and from the Indian Claims Commission as designated under Public Law 94-433, Sec. 2.

(12) Installment contracts or agreements for the sale of land or other property producing income consistent with the fair market value, and the value of the property sold under the installment contract or held as security in exchange for a purchase price consistent with the fair market value of that property.

(13) Any governmental payments specifically designated for restoration of a home damaged in a disaster if the household is subject to legal sanction if the funds are not used as intended.

(14) A payment or allowance made under any federal, state or local laws clearly identified as energy assistance by the legislative body authorizing the program or providing the funds. Among the federal payments excluded are energy assistance payments provided through the Department of Health and Human Services' Low-income Energy Assistance Program and the Community Services Administration's Energy Crisis Assistance and Crisis Intervention Programs.

(15) For jointly owned resources, refer to WAC 388-54-715.

(16) Where an exclusion applies because of use of a resource by or for a household member, the exclusion shall also apply when the resource is being used by or for an ineligible alien or disqualified person whose resources are being counted as part of the household's resources. For example, work-related equipment essential to the employment of an ineligible alien or disqualified person shall be excluded, as shall one burial plot per ineligible alien or disqualified household member.

#### AMENDATORY SECTION (Amending Order 1466, filed 12/19/79)

WAC 388-54-715 RESOURCES—NONEXEMPT. (1) The following shall be considered as resources:

(a) Liquid resources such as cash on hand or in checking or savings accounts, savings certificates, stocks and bonds.

(b) Nonliquid resources such as real property (buildings, land, etc.) and personal property (boats, aircraft, unlicensed vehicles, etc.) which are not exempted by WAC 388-54-695.

(c) Money received in the form of a nonrecurring lump-sum payment, including, but not limited to income tax refunds, rebates or credits; retroactive lump-sum

Social Security, SSI, public assistance, railroad retirement benefits or other payment; or lump-sum insurance settlements; or refunds of rental, security or utility deposits.

(2) The value of nonexempt resources, except for licensed vehicles as specified in WAC 388-54-717 (of this section), shall be its equity value. The equity value is the fair market value less encumbrances.

(3) Exempt moneys which are kept in a separate account, and that are not commingled in an account with nonexempt funds, shall retain their resource exemption for an unlimited period of time.

(a) Those exempt moneys which are commingled in an account with nonexempt funds shall retain their exemption for six months from the date they are commingled.

(b) After six months from the date of commingling, all funds in the commingled account shall be counted as a resource.

(c) Those exempt moneys of students and self-employed households which are excluded as per WAC 388-54-695(9) and commingled in an account with nonexcluded funds shall retain their exclusion for the period of time over which they have been prorated as income.

(4) Vehicles as provided for in WAC 388-54-717.

(5) Resources owned jointly by separate households shall be considered available in their entirety to each household, unless one household can demonstrate that ((this)) the resource ((or a portion of it)) is inaccessible to ((them)) that household.

(a) If the household can demonstrate that it has access to only a portion of the resource, the value of that portion of the resource shall be counted toward the household's resource level.

(b) Resource shall be considered totally inaccessible to the household if the resource cannot practically be subdivided and the household's access to the value of the resource is dependent on the agreement of a joint owner who refuses to comply.

(c) For the purpose of considering jointly owned resources, ineligible aliens or disqualified individuals residing with the household shall be considered household members.

(6) Resources shall be considered inaccessible to persons residing in shelters for battered women and children if:

(a) The resources are jointly owned by such persons and by members of their former household; and

(b) The shelter resident's access to the value of the resources is dependent on the agreement of a joint owner who still resides in the former household.

#### AMENDATORY SECTION (Amending Order 1574, filed 12/8/80)

WAC 388-54-717 RESOURCES—VEHICLES. In determining its resource value, each vehicle will be handled as follows:

(1) Each vehicle will be evaluated to determine if it is exempt.

(a) The entire value of a licensed vehicle shall be excluded if the vehicle is:

(i) Used, over ((50%)) fifty percent of the time ((it)) the vehicle is in use, for income producing purposes such as, but not limited to, a taxi, truck(;) or fishing boat;

(ii) Annually producing income consistent with its fair market value even if used only on a seasonal basis;

(iii) Necessary for long distance travel, other than daily commuting, that is essential to the employment of a household member (or ineligible alien or disqualified person whose resources are being considered available to the household), such as, but not limited to, a traveling salesperson or a migrant farmworker following the work stream;

(iv) Necessary for subsistence hunting or fishing; or

(v) Used as the household's home;

(vi) ((Used, one vehicle per each)) Necessary to transport a physically disabled household member(;-to provide transportation)) (or ineligible alien or disqualified person whose resources are being considered available to the household), regardless of the purpose of such transportation (limited to one vehicle per physically disabled person). A vehicle shall be considered necessary for the transportation of a physically disabled household member if the vehicle is specially equipped to meet the specific needs of the disabled person or if the vehicle is a special type of vehicle that makes it possible to transport the disabled person. The vehicle need not have special equipment or be used primarily by or for the transportation of the physically disabled household member.

(b) The entire value shall be excluded if the unlicensed vehicle which is driven by Indian tribal members on those reservations not requiring ((its)) vehicle licensing meets the provisions of ((subdivision)) subsection (1)(a) of this section.

(c) The exclusion will apply when the vehicle is not in use because of temporary unemployment.

(2) Each vehicle will be evaluated to determine its fair market value.

(a) The fair market value of licensed automobiles, trucks, and vans shall be determined by the value of the vehicles as listed in publications written for the purpose of providing guidance to automobile dealers and loan companies.

(b) All licensed vehicles not excluded in subsection (1) of this section shall individually be evaluated for fair market value. That portion of the value of each vehicle which ((exceed \$4,500)) exceeds four thousand five hundred dollars shall be attributed in full toward the household's resource level regardless:

(i) Of any encumbrances on the vehicle;

(ii) Of whether or not the vehicle is used to transport household members to and from employment.

(3) Each vehicle will be evaluated to see if it is equity exempt.

(a) Licensed vehicles shall be evaluated for their equity value except:

(i) Vehicles excluded in subsection (1) of this section; and(;-)

(ii) One licensed vehicle per household regardless of the use of the vehicle; and(;-)

(iii) Any other licensed vehicles used to transport household members (including ineligible alien or disqualified household member) to and from employment,

for seeking employment(;-) or for training or education which is preparatory to employment, even during periods of unemployment.

(b) The equity value of licensed vehicles not covered by this exclusion and of unlicensed vehicles not excluded by ((subdivision)) subsection (1)(b) of this section shall be attributed toward the household's resource level.

(4) If the vehicle has a countable market value of more than ((\$4,500)) four thousand five hundred dollars and also has a countable equity value, only the greater of the two amounts shall be counted as a resource.

AMENDATORY SECTION (Amending Order 1374, filed 3/1/79)

WAC 388-54-720 RESOURCES—TRANSFER OF PROPERTY. (1) A household member (or ineligible alien or disqualified person) which has knowingly transferred any resource for the purpose of qualifying or attempting to qualify for food stamp benefits within the three months immediately preceding the application for food stamp benefits, or after the household is determined eligible, shall be disqualified for up to one year from the date of discovery of the transfer. The penalty shall not apply to the following types of transfers:

(a) Resources which would not effect eligibility;

(b) Resources which are sold or traded at or near fair market value;

(c) Resources which are transferred between household members and ineligible aliens or disqualified persons of the same household;

(d) Resources transferred for reasons other than qualifying.

(2) The length of disqualification shall be based on the amount by which nonexempt and transferred resources, when added to other countable resources, exceed the allowable resource limits:

AMOUNT IN EXCESS OF RESOURCE LIMITS	PERIOD OF DISQUALIFICATION
\$0 - 249.99	1 month
250 - 999.99	3 months
1,000 - 2,999.99	6 months
3,000 - 4,999.99	9 months
5,000 and over	12 months

AMENDATORY SECTION (Amending Order 1628, filed 3/25/81)

WAC 388-54-725 INCOME—DEFINITIONS.

(1) Earned income shall include:

(a) All wages and salaries of an employee.

(b) Total gross income from a self-employment enterprise including the total gain from the sale of any capital goods or equipment related to the business, excluding the cost of doing business.

(i) Payments from a roomer or boarder.

(ii) Returns on rental property, only if the household member is engaged in management of said property at least an average of ((20)) twenty hours a week.

(c) Training allowances from vocational and rehabilitative programs recognized by federal, state or local

governments, such as WIN or CETA, to the extent they are not a reimbursement.

(d) Payments under Title I (Vista, University Year for Action, etc.) of the Domestic Volunteer Service Act of 1973 (Public Law 93-113 Statute, as amended).

(e) Payments of earned income tax credit (EIC).

(2) Unearned income shall include but not be limited to:

(a) Payments received from federally-aided public assistance programs, general assistance or other assistance programs based on need.

(b) An annuity, pension, retirement, veteran's or disability benefit, workmen's or unemployment compensation, and old-age or survivor's benefits, or strike benefits.

(c) The total payment to a household on behalf of a legally-assigned foster child or adult.

(d) Support and alimony payments from nonhousehold members made directly to the household.

(e) Scholarships, educational grants (including loans on which repayment is deferred), fellowships and veteran's education benefits in excess of amounts excluded. Such income shall be averaged over the period which it is intended to cover.

(f) Payments received from government sponsored programs.

(g) Dividends, interest, royalties, and all other direct money payments which are gain or benefit.

(h) Gross income minus cost of doing business derived from rental property in which a household member is not actively engaged in the management of the property at least ((20)) twenty hours a week.

(3) The following items shall be disregarded as income:

(a) Moneys withheld voluntarily or involuntarily from an assistance payment, earned income or other source to repay a prior overpayment.

(b) Child support payments received by AFDC recipients which must be transferred to support enforcement.

#### AMENDATORY SECTION (Amending Order 1814, filed 5/19/82)

**WAC 388-54-735 INCOME—EXCLUSIONS.**  
The following income is excluded:

(1) Payments received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970:

(a) Payments to persons displaced as a result of the acquisition of real property;

(b) Relocation payments to a displaced homeowner toward the purchase of a replacement dwelling provided the homeowner purchases and occupies a dwelling within one year following displacement;

(c) Replacement housing payments to displaced persons not eligible for a homeowner's payment.

(2) Payments made under the Domestic Volunteer Services Act of 1973. Payments under Title I (VISTA) to volunteers shall be excluded for individuals receiving public assistance or food stamps at the time the individual joined VISTA and for households receiving a VISTA exclusion at the time of conversion to the Food Stamp Act of 1977. Temporary interruptions in food

stamp participation shall not alter the exclusion once an initial determination has been made.

(3) Income derived from certain submarginal land of the United States held in trust for certain Indian tribes under Public Law 94-114, Section 6, or Public Law 94-540.

(4) Income derived from the disposition of funds to the Grand River Band of Ottawa Indians.

(5) Payments by the Indian Claims Commission to the Confederated Tribe of the Yakima Indian Nation (Public Law 95-443).

((5)) (6) Any payments received by Alaskan natives under the terms of the Alaskan Native Claims Settlement Act.

((6)) (7) Payments from the special crisis intervention program.

((7)) (8) Earnings received by any youth under Title IV CETA amendments of 1978 as follows:

(a) Youth incentive entitlement pilot projects;

(b) Youth community conservation and improvement projects;

(c) Youth employment and training programs.

((8)) (9) Income received as compensation for services as an employee or income from self-employment by a child residing in the household, under eighteen years of age and attending at least half time (as defined by the institution), a kindergarten or preschool, a grade school, high school, vocational school, technical school, training program, college or university. The exclusion shall apply to a student under the parental control of another household member.

If the child's earnings or amount of work performed cannot be differentiated from earnings or work performed by other household members, the total earnings shall be prorated equally among the working members and the child's pro rata share excluded.

((9)) (10) Income received too infrequently or irregularly to be reasonably anticipated as available during a three-month period provided such infrequent or irregular income of all household members shall not exceed thirty dollars in a three-month period.

((10)) (11) All loans, including loans from private individuals as well as commercial institutions, other than educational loans on which repayment is deferred.

((11)) (12) Education loans on which payment is deferred, grants, scholarships, fellowships, veterans' educational benefits, OASDI educational benefits, and the like to the extent the funds are used for tuition and mandatory school fees at an institution of higher education, including correspondence schools at that level, or a school at any level for the physically or mentally handicapped.

((12)) (13) Money received in the form of nonrecurring lump-sum payments, such as, but not limited to, insurance settlements, sale of property (except property related to self-employment as previously provided for), cash prizes, awards and gifts (except those for support maintenance, or the expense of education), inheritances, retroactive lump-sum Social Security and railroad retirement pension payments, income tax refunds, and similar nonrecurring lump-sum payments.

~~((13))~~ (14) The cost of producing self-employment income.

~~((14))~~ (15) Reimbursements for past or future expenses not to exceed the actual expense or reimbursements not representing a gain or benefit to the household:

(a) The following are considered reimbursements excludable, and do not represent a gain or benefit:

(i) Flat allowances for job or training-related expenses such as per diem, travel, uniforms, and transportation to and from the job or training site;

(ii) Reimbursements for out-of-pocket expenses of volunteers incurred in the course of the volunteers' work;

(iii) Reimbursement for medical or dependent care;

(iv) Reimbursements or allowances to students for specific education expenses. Portions of a general grant or scholarship must be specifically earmarked by the grantor for educational expenses such as travel or books. For purposes of this provision, "grantor" shall include any agents of the grantor responsible for the administration of the grant, and "grant or scholarship" shall include any grant used for educational purposes regardless of the fact the grantee must perform services to obtain the grant. Schools or institutions do not have the authority to designate a portion of "Pell Grant" (formerly BEOG) or work study funds. The United States Department of Education (DOE) is the only authority to earmark "Pell Grant" funds.

(b) The following are considered reimbursements not excludable, and do represent a gain or benefit.

Reimbursements for normal living expenses such as rent or mortgage, personal clothing((:)) or food eaten at home.

~~((15))~~ (16) Any gain or benefit not in money, such as in-kind benefits, including public housing, meals or clothing.

~~((16))~~ (17) Money payments not owed or payable directly to a household, but paid to a third party for a household expense, are vendor payments and are excludable as follows:

(a) A payment made in money on behalf of a household whenever a person or other organization outside of the household uses the person's or organization's own funds to make a direct payment to either the household's creditors or a person or organization providing a service to the household;

(b) Rent or mortgage payments, made to landlords or mortgagees by the Department of Housing and Urban Development (HUD) or by state or local housing authorities, are vendor payments and are excluded;

(c) Money legally obligated and otherwise payable to the household, but is diverted by the provider of the payment to a third party for a household expense, shall be counted as income and not excluded as a vendor payment.

~~((17))~~ (18) Money received and used for the care and maintenance of a third-party beneficiary not a household member. Representative payee payments shall be included, however, as income to the beneficiary's household:

(a) If the intended beneficiaries of a single payment are both household and nonhousehold members, any

identifiable portion of the payment intended and used for the care and maintenance of the nonhousehold member shall be excluded;

(b) If the nonhousehold member's portion cannot be readily identified, the payment shall be evenly prorated among intended beneficiaries and the exclusion applied to the nonhousehold members ((prorata)) pro rata share or the amount actually used for the nonhousehold member's care and maintenance, whichever is less.

~~((18))~~ (19) Money received as a Department of Housing and Urban Development (HUD) refund payment pursuant to the "Underwood versus Harris" class action settlement agreement under Section 236 of the National Housing Act shall be excluded as income and shall be excluded as a resource for a two-month period. After two months, any remaining portions of the refund payment shall be considered as a resource.

~~((19))~~ (20) Clearly identified supplemental payments or allowances made under federal, state, or local laws for the purpose of offsetting increased energy costs.

#### AMENDATORY SECTION (Amending Order 1720, filed 11/18/81)

WAC 388-54-750 INCOME—SELF-EMPLOYMENT. (1) A household whose primary source of income is from self-employment, including self-employed farmers, shall be certified according to this section.

Self-employment income which is received on a monthly basis but which represents a household's annual support shall normally be averaged over a twelve-month period. If, however, the averaged amount does not accurately reflect the household's actual monthly circumstances because the household has experienced a substantial increase or decrease in business, the department shall calculate the self-employment income based on anticipated earnings.

(2) Income which represents annual income and costs of producing that income are to be computed on a yearly basis and averaged evenly over twelve months to determine eligibility even if it is received in only a short period of time.

(a) Self-employment income which represents only a part of a household's annual support shall be averaged over the period of time the income is intended to cover.

(b) If a household's self-employment enterprise has been in existence for less than a year, this income shall be averaged over the period of time the business has been in operation and the monthly amount projected for the coming year.

(3) In determining monthly income from self-employment:

(a) The household may choose to determine the benefit level by using either the same net income which was used to determine eligibility, or by unevenly prorating the household's total net income over the period for which the household's self-employment income was averaged. If income is prorated, the net income assigned in any month cannot exceed the maximum monthly income eligibility standards for the household's size.

(b) For the period of time over which self-employment income is determined the department shall add all



gross self-employment income (including capital gains), exclude the cost of producing the self-employment income and divide this income by the number of months over which the income will be averaged.

(c) For those households whose self-employment income is not averaged but is instead calculated on an anticipated basis, the department shall add any capital gains the household anticipates receiving in the next twelve months, starting with the date the application is filed and divide this amount by twelve. This amount shall be used in successive certification periods during the next twelve months, but recalculated should anticipated capital gains amounts change. The anticipated monthly amount of capital gains shall be added to the anticipated monthly self-employment income, and subtract the cost of producing the income. ~~((Except for depreciation;))~~ The cost of producing the self-employment income shall be calculated by anticipating the monthly allowable costs of producing the income.

(d) The monthly net self-employment income shall be added to any other earned income received by the household. The total monthly earned income less the eighteen percent earned income deduction shall then be added to all other monthly income received by the household. The standard deduction, dependent care, and shelter costs shall be computed as for any other household and subtracted to determine the adjusted monthly net income of the household.

(4) In calculating capital gains, the proceeds from the sale of capital goods or equipment shall be calculated in the same manner as a capital gain for federal income tax purposes. The department shall count the full amount of the capital gain as income for food stamp purposes even if only fifty percent of the proceeds from the sale of capital goods or equipment is taxed for federal income tax purposes.

(5) Allowable costs of producing self-employment income include, but are not limited to:

~~((a))~~, the identifiable costs of labor, stock, raw material, seed and fertilizer, interest paid to purchase income-producing property, insurance premiums, and taxes paid on income-producing property;

~~((b) Depreciation, which shall be allowed as a cost of producing self-employment income for equipment, machinery or other capital investments necessary to the self-employment enterprise, as documented by a tax return.))~~

(6) The following items shall not be allowed as a cost of producing self-employment income:

(a) Payments on the principal of the purchase price of income producing real estate and capital assets, equipment, machinery and other durable goods;

(b) Net losses from previous periods; and

(c) Federal, state and local income taxes, money set aside for retirement purposes, and other work-related personal expenses, such as transportation to and from work, as these expenses are accounted for by the eighteen percent earned income deduction specified.

(d) Depreciation.

(7) In assigning certification periods:

(a) Households that receive their annual support from self-employment and have no other source of income may be certified for up to ~~((12))~~ twelve months;

(b) For those households that receive other sources of income or whose self-employment income is intended to cover a period of time that is less than a year, the department shall assign a certification period appropriate for the household's circumstances;

(c) For businesses which have been in operation for such a short time that there is insufficient data to make a reasonable projection, the household may be certified for less than a year until the business has been in operation long enough to base a longer projection.

(d) For those self-employed households that receive their annual income in a short period of time, the initial certification period shall be assigned to bring the household into the annual cycle.

AMENDATORY SECTION (Amending Order 1720, filed 11/18/81)

WAC 388-54-770 CERTIFICATION PERIODS—~~((REPORTING CHANGES DURING))~~ HOUSEHOLDS RESPONSIBILITY TO REPORT.

(1) ~~((The recipient household is))~~ Certified households are required to report the following changes in circumstances:

(a) ~~((AH))~~ Changes in gross monthly income of more than twenty-five dollars and source of income, except changes in public assistance grants.

(b) All changes in household composition such as addition or loss of a household member.

(c) Changes in residence and the resulting change in shelter costs.

(d) The acquisition of a licensed vehicle not fully exempt under WAC 388-54-717.

(e) When nonexempt liquid resources reach or exceed one thousand five hundred dollars. (See WAC 388-54-715(1)(a)).

(f) A change of more than twenty-five dollars for deductible medical expense.

(2) ~~((AH))~~ Certified households shall report changes ~~((in status must be reported))~~ within ten calendar days of the date the change becomes known to the household. Reporting may be by telephone, mail or personal contact.

(3) Applying households shall report changes related to food stamp eligibility and benefits at the certification interview. Changes, as provided in subsection (1) of this section, which occur after the interview but before the date of the notice of eligibility, shall be reported by the household within ten days of the date of notice.

(4) Changes shall be considered to be reported by the household on the date the report is received by the CSO or if mailed the date the household's report is postmarked.

~~((4))~~ (5) Individuals shall not be disqualified for failing to report a change, unless the individual is disqualified in accordance with the fraud disqualification procedures.

~~((5))~~ (6) The client is entitled to receive:

(a) A change report form at the time of initial certification.

(b) Acknowledgment of receipt of a notice of change given by the client to the department pursuant to subsection (2) of this section.

(c) Notification of the amount of change in the allotment if the reported change results in such an adjustment.

(d) Notification of any additional verification requirements brought about by the reported change of circumstances.

(e) Notification that failure to provide required verification within ten days will result in delay of increased benefits.

(f) A new change report form when a change has been reported.

AMENDATORY SECTION (Amending Order 1720, filed 11/18/81)

WAC 388-54-830 TREATMENT OF INCOME AND RESOURCES OF DISQUALIFIED MEMBERS. Individual household members may be disqualified for fraud, or for failure to obtain or refusal to provide an SSN or for being an ineligible alien. During the period of time a household member is ((disqualified)) ineligible, the eligibility and benefit level of any remaining household members shall be determined as follows:

(1) The resources of the disqualified member shall continue to count in their entirety to the remaining eligible household members.

(2) A pro rata share of the income of the disqualified member less allowable exclusions shall be counted as income to the remaining members. The eighteen percent earned income deduction shall apply.

(3) That portion of the household's allowable shelter and dependent care expenses which are either paid by or billed to the disqualified member shall be divided evenly among the household members including the disqualified member. All but the disqualified member's share is counted as a deductible shelter expense for the remaining household members.

(4) The disqualified member shall not be included when determining the household size for purposes of assigning a benefit level, or for purposes of comparing the household's net monthly income with the income eligibility standards.

(5) ~~((Whenever))~~ When an individual is disqualified within the household's certification period, the department shall determine the eligibility or ineligibility of the remaining household members based on information in the case file and shall take the following action:

(a) Fraud disqualification. If the household's benefits are reduced or terminated within the certification period because one of its members has been disqualified for fraud, ((no notice of adverse action is required. However, a written notice)) the department shall ((be sent at the same time the notice of disqualification is sent, informing the household of its)) notify the remaining members of the revised eligibility and benefits levels at the same time the disqualified member is notified of the disqualification. The household is not entitled to a notice of adverse action but may request a fair hearing to contest the reduction or termination of benefits.

(b) SSN disqualification. If a household member's benefits are reduced or terminated within the certification period because one or more of its members failed to meet the SSN requirement, the department shall issue a notice of adverse action which includes:

(i) Informing the household that the individual without an SSN is being disqualified;

(ii) The reason for the disqualification;

(iii) The eligibility and benefit level of the remaining members; and

(iv) The actions the household must take to end the disqualification.

(c) Ineligible aliens. If a household's benefits are reduced or terminated within the certification period because one or more of its members is being disqualified as an ineligible alien, the department shall issue a notice of adverse action which includes:

(i) Informing the household that the individual is being disqualified;

(ii) The reason for the disqualification;

(iii) The eligibility and benefit level of the remaining members; and

(iv) The actions the household must take to end the disqualification, if applicable.

AMENDATORY SECTION (Amending Order 1492, filed 3/7/80)

WAC 388-54-835 CLAIMS AGAINST HOUSEHOLDS—NONFRAUD. (1) A claim shall be established against any household that has received more benefits than it was entitled to receive if less than ((+2)) twelve months have elapsed between the month a non-fraud overissuance occurred and the month the department discovered it.

(2) Nonfraud claims shall not be established against a household:

(a) That has transacted an expired ATP unless the household has altered the ATP.

(b) That failed to sign the application form, completed a current work registration form, was certified in the incorrect project area, or received food stamp benefits after its certification period had expired, as a result of department oversights.

(c) That did not receive food stamp benefits at a reduced level because its public assistance grant changed and the department failed to act.

(3) A household shall not be held liable for a claim because of a change in household circumstances which it is not required to report according to WAC 388-54-770(1).

(4) In calculating the amount of the nonfraud claim, the department shall determine the correct amount of food stamp benefits the household should have received after excluding those months that are more than ((+2)) twelve months prior to the date the overissuance was discovered. In cases involving reported changes, the department shall determine the month the overissuance initially occurred as follows:

(a) If the household failed to report a change within ((+0)) ten days of the date the change became known to the household due to misunderstandings or inadvertent error, the first month affected by the household's failure

to report shall be the first of the following month the change occurred.

(b) If the household timely reported a change, but the department did not timely act on the change, the first month affected by the department's failure to act shall be the first month the department should have made the change effective.

(5) After calculating the amount of the nonfraud claim, the department shall offset the amount of the claim against any amounts which have not yet been restored to the household pursuant to WAC 388-54-805.

(6) The department shall initiate collection action on all nonfraud claims unless the claim is collected through offset or one of the following conditions apply:

(a) The total amount of the nonfraud claim is less than ~~((\$35.00))~~ thirty-five dollars.

(b) The department has documentation which shows that the household cannot be located.

(c) The department shall initiate collection action by sending the household a written demand letter which informs the household:

(i) The amount owed and the reason for the claim;

(ii) ~~((The period of time the claim covers,~~

~~(iii) Any offsetting that was done to reduce the claim and))~~ How the household may pay the claim;

~~(((iv)))~~ (iii) The household's right to a fair hearing(;;).

~~(((v) The statement which specifies that if a household is delinquent in repayment or is unable to pay the claim, the household's eligibility or level of benefits will not be affected.))~~

(d) If the household does not respond to the first demand letter, additional letters shall be sent at ~~((30))~~ thirty-day intervals until the household has responded by paying or agreeing to pay the claim or until criteria for suspending or terminating collection action have been met.

(7) Collection of a nonfraud claim shall be suspended when:

(a) The household is financially unable to pay;

(b) There is ~~((a))~~ little likelihood that the household will pay the claim;

(c) The household cannot be located; or

(d) The cost of further collection action is likely to exceed the amount that can be recovered.

(8) The department shall terminate collection action if the claim has been held in suspense for three years.

## WSR 82-19-077

### PROPOSED RULES

### DEPARTMENT OF

### SOCIAL AND HEALTH SERVICES

#### (Public Assistance)

[Filed September 21, 1982]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Social and Health Services intends to adopt, amend, or repeal rules concerning food stamps, amending chapter 388-54 WAC.

It is the intention of the secretary to adopt these rules on an emergency basis on or about September 20, 1982.

Correspondence concerning this notice and proposed rules attached should be addressed to:

David A. Hogan, Director  
Division of Administration  
Department of Social and Health Services  
Mailstop OB 33-C  
Olympia, WA 98504

Interpreters for people with hearing impairments and brailled or taped information for people with visual impairments can be provided. Please contact William B. Pope, Chief, Office of Administrative Regulations, at State Office Building #2, 12th and Franklin, Olympia, Phone (206) 753-7015, by November 27, 1982. The meeting site is in a location which is barrier free;

that the agency will at 10:00 a.m., Wednesday, November 10, 1982, in the Buildings and Grounds Conference Room, Service Level, Office Building #2, Olympia, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on November 17, 1982.

The authority under which these rules are proposed is RCW 74.04.510.

The specific statute these rules are intended to implement is RCW 74.04.510.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before November 10, 1982.

Dated: September 20, 1982

By: David A. Hogan

Director, Division of Administration

### STATEMENT OF PURPOSE

This statement is filed pursuant to RCW 34.04.045.

Re: Amending chapter 388-54 WAC.

Purpose of the Rule or Rule Change: To implement changes to the Food Stamp Program required by the 1980 amendments to the Food Stamp Act of 1977.

Statutory Authority: RCW 74.04.510.

Summary of the Rules or Rule Changes: WAC 388-54-605 adds the requirement that certain food stamp regulations must be available at the state agency and community service office for public examination; WAC 388-54-620 identifies the person who will have a face-to-face interview and the department's responsibility to provide certain information to applicants; WAC 388-54-625 states the application must be acted upon within 30 calendar days of being filed; WAC 388-54-630 is revised stating income and resources of ineligible aliens will be treated in the same manner as for disqualified members; WAC 388-54-635 establishes responsibility for authorized representatives for drug/alcohol treatment centers and group living arrangements; WAC 388-54-660 allows certain alcohol treatment and rehabilitation centers on Indian Reservations to participate in the Food Stamp Program; WAC 388-54-680 is revised to refer illegal aliens to INS and count income and resources of ineligible aliens; WAC 388-54-690 removes the exclusion of resources for ineligible resources; WAC

388-54-695(11)(h) excludes as resources payments received by Confederated Tribes of Yakima Indian Nation as designated under Public Law 94-433, Section 2; WAC 388-54-715 modifies jointly owned nonexempt resources; WAC 388-54-717 clarifies vehicle resources for ineligible aliens and disqualified persons; WAC 388-54-720 prohibits ineligible aliens and disqualified members to transfer resources for ineligibility; WAC 388-54-725 modifies income definition under Title I; WAC 388-54-735(5) excludes payments by the Indian Claims Commission to Confederated Tribes and Bands of the Yakima Indian Nation; WAC 388-54-750(3)(C) excludes depreciation as an expense for self-employed persons; WAC 388-54-770 clarifies reporting requirements; WAC 388-54-830 defines what should be included in the notice for adverse action for SSN disqualification and ineligible aliens; and WAC 388-54-835 revises information required in a nonfraud demand letter.

Person or Persons Responsible for the Drafting, Implementation and Enforcement of the Rule: Roy Uppendahl, Program Manager, Division of Income Assistance, Mailstop: OB 31C, Phone: 3-4382.

These rules are necessary as a result of federal law, 7 CFR Parts 271, 272, 273, 274, and 278.

#### AMENDATORY SECTION (Amending Order 1525, filed 7/18/80)

##### WAC 388-54-605 GENERAL FOOD STAMP PROVISIONS.

(1) 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.

(2) Rules in this chapter are for the purpose of carrying out certain requirements for participation in the program. Unless specifically provided for in this chapter, rules and definitions in other chapters of Title 388 WAC do not apply to provisions of chapter 388-54 WAC.

(3) Use or disclosure of information obtained from applicant households, exclusively for the program, shall be restricted to persons directly connected with the administration or enforcement of the provisions of the Food Stamp Act or regulations, or the food distribution program, or with other federal or federally aided, means-tested assistance programs, or with general assistance programs that are subject to the joint processing requirements specified in this program.

The material and information contained in the case file shall be made available for inspection during normal working hours if there is a written request by a responsible member of the household, its currently authorized representative, or a person acting in its behalf to review materials contained in its case file. However, the department may withhold confidential information, such as the names of individuals who have disclosed information about the household without the household's knowledge, or the nature or status of pending criminal prosecutions.

(4) Information available to the public. Federal regulations, federal procedures embodied in FNS notices and policy memos, and state plans of operation (including specific planning documents such as corrective action plans) shall be available upon request for examination by members of the public during office hours at the state agency headquarters. State agency handbooks shall be available for examination upon request at each local certification office within each project area as well as at the state agency headquarters.

(5) The department shall provide any household, aggrieved by the action of the department or an issuing agency in its administration of the program which affects the participation of the household in the program, with a fair hearing upon its request. Chapter 388-08 WAC shall apply unless otherwise indicated in this chapter.

~~((5)) (6) ((fn)) The ((certification-of)) department shall not discriminate against any applicant ((households and in the issuance of food coupons to eligible households, there shall be no discrimination against any household because)) or participant in any aspect of program administration, including but not limited to, the certification of households, the issuance of coupons, the conduct of fair hearings or the~~

conduct of any program service for reason of age, race, color, sex, handicap, religious creed, political beliefs, or national origin.

~~((6)) (7)~~ During a presidentially declared disaster or a disaster declared by FNS, the department shall certify affected households in accordance with FNS instructions.

~~((7)) (8)~~ An FNS directive to reduce, suspend or terminate all or any portion of the food stamp program shall require the department to comply in every respect.

(9) A household is not entitled to receive benefits under the food stamp program and the food distribution program administered by an Indian tribal organization during the same calendar month.

#### AMENDATORY SECTION (Amending Order 1548, filed 10/1/80)

WAC 388-54-620 APPLICATION AND PARTICIPATION—INTERVIEW. (1) All food stamp households including those submitting applications by mail (~~((must be personally interviewed))~~) shall have a face-to-face interview prior to certification or recertification. The ~~((interview))~~ individual interviewed may be ~~((conducted with either a))~~ the head of the household, a spouse, any responsible member of the household or ~~((its))~~ an authorized representative. The applicant may bring any person he or she chooses to the interview. The department shall review the information on the application as well as explore and resolve unclear and incomplete information. Households shall be advised of the rights and responsibilities, to include the appropriate application processing standards and the household's responsibility to report changes.

(2) All food stamp applications from SSI households processed by SSADO are excluded from the department's in-office interview requirement.

(3) All interviews will take place in the certification office except in those cases where an office visit is waived; then a home visit or telephone interview is required. Office visits can be waived:

(a) If the household is unable to appoint an authorized representative and has no adult member able to visit the office because of hardships such as, but not limited to, illness, lack of transportation, prolonged severe weather, work hours, care of a household member or remoteness.

(b) If the household is unable to appoint an authorized representative and has no adult member able to visit the office because of age ~~((65))~~ sixty-five or over, mental or physical handicap.

(4) A home visit shall be used only if the time of the visit is scheduled in advance with the household.

#### AMENDATORY SECTION (Amending Order 1374, filed 3/1/79)

WAC 388-54-625 APPLICATION AND PARTICIPATION—TIME LIMITS. The ~~((application process must be completed in such a manner that the))~~ department shall provide eligible ~~((household may))~~ households that complete the initial application an opportunity to participate in the program as soon as possible ~~((; however in))~~, but no ~~((case))~~ later than ~~((30))~~ thirty calendar days ~~((of))~~ following the date ~~((of receipt of))~~ the application ~~((by the department))~~ was filed.

#### AMENDATORY SECTION (Amending Order 1653, filed 5/20/81)

WAC 388-54-630 APPLICATION AND PARTICIPATION—VERIFICATION. (1) Mandatory verifications shall include:

(a) Gross nonexempt income. Where verification is not possible because either the person or organization providing the income has failed to cooperate or is unavailable, the department shall determine the amount to be used for certification purposes based on the best available information.

(b) Alien status. The department shall verify the alien status of those household members identified as aliens on the application by the use of INS documents, court orders or other appropriate documentations in possession of the household member. The following applies:

(i) The alien may contact INS to obtain the necessary verification.  
(ii) If the alien does not wish to contact INS, the household shall be given the option of withdrawing the application or participating without the alien member.

(iii) If an alien is unable to provide INS documents, the department has no responsibility to offer to contact INS on the alien's behalf. The department's responsibility exists only when the alien has an INS document that does not clearly establish eligible or ineligible alien status. The department shall not contact ~~((the))~~ INS to obtain information about the alien's correct status without the alien's written consent.

(iv) While awaiting acceptable verification, the alien whose status is questionable shall be ineligible. The income and resources of the ineligible alien shall be treated in the same manner as a disqualified individual as found in WAC 388-54-830.

(c) Social security number (SSN) for each household member eighteen years and over and children receiving countable income (effective June 1, 1980).

(i) Certification shall not be delayed solely for the verification of SSNs, even if the thirty-day processing period has not expired.

(ii) A verified SSN shall be reverified only if the SSN or the identity of the individual becomes questionable.

(iii) If verification of SSN is not completed at initial certification, it shall be completed at the time of or prior to the household's recertification.

(iv) If verification is not completed within ninety days of initial certification, only the individual whose SSN is not verified shall be disqualified if ~~((he/she))~~ he or she is unable to show "good cause" for failure to acquire or apply for the SSN. (See WAC 388-54-687).

(d) Identity. The department shall verify the identity of the person making the application. When an authorized representative applies for a household, the identity of the authorized representative and the head of household shall be verified.

(e) Residency. The residency requirements in WAC 388-54-685 shall be verified except in unusual cases (such as migrant households or households newly arrived in the area) where verification of residency cannot reasonably be accomplished.

(f) Continuing shelter expenses. Shelter costs, other than utilities, shall be verified if allowing the expense could potentially result in a deduction. Verification will be on a one-time basis unless the household has moved, reported an increase in cost which would affect the level of the deduction (only the changed cost shall be verified) or unless questionable.

(g) Utility expenses. The department shall verify utility expenses:

(i) If the household is entitled to the utility standard (one qualifying utility shall be verified on a one-time basis unless the household has moved, changed its utilities or the information is questionable), or

(ii) If the household wishes to claim expenses in excess of the utility standard and the expense would actually result in a deduction.

(iii) The utility standard shall be used if the utility expense cannot be verified in the thirty-day application period.

(iv) Utility expenses claimed for an unoccupied home will be the actual expenses incurred.

(2) If a deductible expense which a household is entitled to claim (shelter cost, utilities, medical) cannot be verified within thirty days of the date of application, the department shall determine the household's eligibility and benefit level without providing a deduction of the claimed but unverified expense.

(3) The following need not be verified unless inconsistent with other information on the application, previous applications, or other documented information known to the department.

(a) Resource information or the exempt status of income.

(b) Nonfinancial information such as household composition, tax dependency, deductible expenses, liquid resources and loans, citizenship.

If it is necessary to verify a loan, a simple statement signed by both parties to the loan shall be sufficient.

(4) The following sources of verification shall be used:

(a) Documentary evidence shall be the primary source of verification. Documentary evidence consists of a written confirmation of a household's circumstances. Whenever documentary evidence cannot be obtained, the department shall use alternate sources of verifications such as:

(i) Collateral contacts. A collateral contact is a verbal confirmation of a household's circumstances by a person outside of the household. This contact may be made either in person or over the phone with any individual who can provide an accurate third-party verification of the household's statements.

(ii) Home visits shall be made only if documentary evidence cannot be obtained and the visit is scheduled in advance with the household.

(b) Documentation shall be in sufficient detail to permit a reviewer to determine the reasonableness and accuracy of the determination.

(5) The household has primary responsibility for providing documentary evidence to support its income statements and to resolve any questionable information. If it would be difficult or impossible for the household to obtain the documentary evidence in a timely manner, the department shall offer assistance in obtaining this evidence. Designation of a collateral contact is also the responsibility of the household.

(6) At recertification, a change in income or source of income, medical expenses(;) or actual utility expenses claimed, in an amount over twenty-five dollars, shall be verified.

(a) All other changes shall be subject to the same verification procedures as apply at initial certification.

(b) Unchanged information shall not be verified unless questionable.

#### AMENDATORY SECTION (Amending Order 1374, filed 3/1/79)

WAC 388-54-635 APPLICATION AND PARTICIPATION—AUTHORIZED REPRESENTATIVE. (1) An authorized representative is an adult nonhousehold member sufficiently aware of household circumstances and who has been designated in writing by the head of household, spouse or other responsible member of the ((family)) household to act on behalf of the household in one or all of the following capacities:

(a) Making application. The authorized representative shall be a person who is sufficiently aware of relevant household circumstances. The head of the household or the spouse should prepare or review the application whenever possible, even though another household member or the authorized representative will actually be interviewed. The department shall inform the household that the household will be held liable for any overissue which results from erroneous information given by the authorized representative, except for residents in drug and alcohol treatment facilities.

(b) Obtaining coupons. The authorized representative for coupon issuance may be the same individual designated to make application for the household or may be another individual.

(c) Emergency situations. The household member named on the identification card may also designate an emergency authorized representative at a later date. A separate written designation is needed each time an emergency authorized representative is used.

(d) Using coupons. The authorized representative may use coupons to purchase food for the household's consumption, with the full knowledge and consent of the household, provided the authorized representative has the household's ID card.

(2) Drug addict or alcohol treatment centers and group homes as authorized representatives. Narcotic addicts or alcoholics who regularly participate in a drug or alcohol treatment program on a resident basis and disabled or blind residents of group living arrangements who receive benefits under Title II or Title XVI of the Social Security Act may elect to participate in the food stamp program.

(a) The resident of drug or alcohol treatment centers shall apply and be certified for program participation through the use of an authorized representative who shall ((also mean a)) be an employee of and designated ((employee of a)) by the private nonprofit organization or institution ((conducting a drug addiction or alcoholic)) administering the treatment and rehabilitation program. The center, which acts on behalf of eligible persons who reside at the center ((in making application, obtaining)), shall receive and spend the coupons ((and using coupons)) for food prepared by and/or served to the addict or alcoholic.

(b) Residents of group living arrangements shall either apply and be certified through use of an authorized representative employed and designated by the group living arrangement or apply and be certified on their own behalf or through an authorized representative of their own choice.

(3) The following restrictions apply to authorized representatives:

(a) A retailer who is authorized to accept food coupons(;) or an employee of the department, may not act for a household in applying(;) or in purchase of ((coupons or)) food, without the specific written approval of the CSO administrator following a determination that no one else is available to serve.

(b) A ((multi-household)) multihousehold authorized representative may act on behalf of more than one household when the CSO determines there is a bona fide need.

(c) Individuals disqualified for fraud may not serve as authorized representatives during their disqualification period unless no other adult is available.

(4) In the event employers are designated as authorized representatives or a single authorized representative has access to a large number of ATPs or coupons, the department should exercise caution to assure that:

(a) The name of the authorized representative shall be contained in the household's case file and the household has freely requested the assistance of the authorized representative;

(b) The household circumstances are correctly represented and the household is receiving the correct amount of benefits;

(c) The authorized representative is properly using the coupons(;  
and)).

(5) ~~((Any suspicion of abuse by an authorized representative shall be reported to FNS))~~ When the department obtains evidence that an authorized representative has misrepresented a household's circumstances and has knowingly provided false information pertaining to the household or has made improper use of coupons, the department shall disqualify the authorized representative from participating as an authorized representative for up to one year. The department shall send written notification to the affected household or households and the authorized representative thirty days prior to the date of disqualification. The notification shall include:

- (a) The proposed action;
- (b) The reason for the action; and
- (c) The household's right to request a fair hearing.

This provision is not applicable in the case of drug and alcoholic treatment centers and those group homes which act as authorized representatives for their residents.

#### AMENDATORY SECTION (Amending Order 1814, filed 5/19/82)

WAC 388-54-660 APPLICATION AND PARTICIPATION—SPECIAL CIRCUMSTANCES FOR PARTICIPATION. (1) Deliver meals. In order to purchase meals from a nonprofit meal delivery service authorized by FNS, eligible household members:

- (a) Must be sixty years of age or over, or
  - (b) Must be housebound, physically handicapped or otherwise disabled to the extent household members are unable to adequately prepare all meals, or
  - (c) Be the spouse of such a person.
- (2) Communal dining. Members of eligible households sixty years of age or older and spouses, or members receiving SSI and spouses may use all or any part of coupons to purchase meals prepared especially for the household member at a communal dining facility authorized by FNS for that purpose.
- (3) Residents of ~~((drug-alcohol))~~ drug or alcohol treatment and rehabilitation programs. Narcotics addicts or alcoholics regularly participating in a drug or alcoholic treatment and rehabilitation program on a resident basis, may use food coupons to purchase food prepared for or served to the resident during the program, provided:
- (a) The program is administered by a private nonprofit organization or institution authorized by FNS as a retailer or certified by the state as providing treatment leading to the rehabilitation of drug addicts or alcoholics pursuant to Public Law 92-255; and
  - (b) A resident participant shall be certified only under the following conditions:
    - (i) The resident must voluntarily elect to participate in the food stamp program;
    - (ii) The resident must be certified through the use of an authorized representative who shall be an employee of, and designated by, the private nonprofit organization administering the treatment and rehabilitation program;
    - (iii) The resident must be certified as a one-person household.
  - (c) The drug or alcohol treatment center acting as the authorized representative must agree to the following conditions:
    - (i) The center must receive and spend the coupon allotment for meals prepared by or served to the addict or alcoholic;
    - (ii) The center must notify the department of changes in the participant's income, resources or household circumstances and when the addict or alcoholic leaves the treatment center, within ten days of the change;
    - (iii) The center shall be responsible for and can be penalized or disqualified for any misrepresentation or fraud committed in the certification of center residents and shall assume total liability for food coupons held on behalf of resident participants;
    - (iv) The treatment center shall provide resident addicts or alcoholics with ID cards and any untransacted ATP cards issued for the household when the household leaves the program;
    - (v) The treatment center shall provide the household with one-half of the household's monthly coupon allotment when the household leaves the program prior to the sixteenth day of the allotment month;
    - (vi) The center shall provide the department with a certified list of currently participating residents on a monthly basis;
    - (vii) The treatment center shall return to the department the household's ATP or coupons received after the household has left the center.
  - (d) If an alcohol treatment and rehabilitation program is located on an Indian reservation and the department does not certify reservation-

based centers, approval to participate shall be granted if the center is funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) pursuant to Public Law 91-616, or was so funded and subsequently transferred to Indian Health Services (IHS) funding.

(4) Residents of group living arrangements receiving benefits under Title II or Title XVI of the Social Security Act. A group living arrangement is defined as: A public or private nonprofit residential setting serving no more than sixteen residents certified by the appropriate state agencies under regulations issued under Section 1616(e) of the Social Security Act. The following applies:

- (a) The resident must voluntarily apply for the food stamp program;
  - (b) If the resident makes an application through the use of a group home's authorized representative, the resident's eligibility shall be determined as a one-person household. If the resident applies on his or her own behalf, the household size shall be in accordance with the definition in WAC 388-54-665;
  - (c) The department shall certify residents of group living arrangements using the same provisions applying to all other households;
  - (d) The department shall verify the group living arrangement is nonprofit and authorized by FNS or is certified by the appropriate agency or agencies of the state;
  - (e) The group living arrangement shall provide the department with monthly lists of participating residents signed by a responsible center official. The department shall conduct periodic random on-site visits to assure the accuracy of the lists;
  - (f) If the resident made an application on his or her own behalf, the household is responsible for reporting changes to the department. If the group living arrangement is acting in the capacity of an authorized representative, the group living arrangement shall notify the department of changes in the household's income or other household circumstances and when the individual leaves the group living arrangement;
  - (g) The group living arrangement shall return any household's ATP cards or coupons to the department if received after the household has left the group arrangement;
  - (h) When the household leaves the facility, the group living arrangement shall provide the resident with the ID card and any untransacted ATP cards;
  - (i) The group living arrangement shall provide the departing household with the full allotment if issued by direct mail and if no coupons have been spent on behalf of the individual household. These provisions are applicable any time during the month. If the coupons have already been issued and any portion spent on behalf of the resident, the group living arrangement shall provide the resident with one-half of the monthly household's coupon allotment when the household leaves the facility prior to the sixteenth day of the allotment month;
  - (j) If a resident or a group of residents apply on their own behalf and retain the use of the coupons, the individuals are entitled to keep the coupons when leaving;
  - (k) If the group living arrangement acts as the authorized representative the facility must be knowledgeable about the household's circumstances and is responsible for any misrepresentation or fraud the facility knowingly commits in the certification of center residents.
- (5) Shelters for battered women and children. Effective April 1, 1982, the following provisions apply prior to certifying residents:
- (a) The department shall determine the shelter for battered women and children meets the definition in WAC 388-54-665(6)(d);
  - (b) Shelters having FNS authorization to redeem at wholesalers shall be considered as meeting the definition for battered women and children;
  - (c) Shelter residents recently leaving a food stamp household containing a person abusing him or her may apply for and (if otherwise eligible) participate in the program as separate households. Shelter residents included in a previously certified food stamp household shall receive an additional allotment as a separate household only once a month;
  - (d) Shelter residents applying as separate households shall be certified solely on the basis of income, resources, and the expenses for which the residents are responsible. Residents will be certified without regard to the income, resources, and expenses of the former household;
  - (e) Jointly held resources shall be considered inaccessible in accordance with WAC 388-54-715. The shelter resident's access to the value of the resources is dependent on the agreement of a joint owner still residing in the former household;
  - (f) The department shall take prompt action to ensure the former household's eligibility or allotment reflects the change in the household's composition.

AMENDATORY SECTION (Amending Order 1374, filed 3/1/79)

WAC 388-54-680 CITIZENSHIP AND ALIEN STATUS. (1) ~~(To participate)~~ The department shall prohibit participation in the food stamp program ~~((an applicant shall be))~~ by any person who is ~~((: (†) ))~~ not a resident of the United States ~~((;))~~ and ~~((either))~~ one of the following:

~~((a))~~ (a) A United States citizen ~~((; or))~~.

~~((b))~~ (b) ~~((An alien, as follows:~~

~~((†))~~ (†) An alien lawfully admitted for permanent residence as an immigrant pursuant to Sections 101(a)(15) and 101(a)(20) of the Immigration and Nationality Act.

~~((‡))~~ (c) An alien who entered the United States prior to June 30, 1948, or some later date as required by law, and has continuously maintained residency in the United States since then, and is not ineligible for citizenship but is considered to be lawfully admitted for permanent residence as a result of an exercise of discretion by the attorney general pursuant to Section 249 of the Immigration and Nationality Act.

~~((§))~~ (d) An alien who qualified for ~~((conditional))~~ entry after March 17, 1980, because of persecution or fear of persecution on account of race, religion ~~((;))~~ or political opinion ~~((or because of being uprooted by a catastrophic natural calamity))~~ pursuant to Sections 203(a)(7), 207, and 208 of the Immigration and Nationality Act.

~~((¶))~~ (e) An alien who qualifies for conditional entry prior to March 18, 1980, pursuant to former Section 203(a)(7) of the Immigration and Nationalization Act.

~~((\*)~~ (f) An alien granted asylum through an exercise of discretion by the attorney general pursuant to Section 208 of the Immigration and Nationalization Act.

~~((††))~~ (g) An alien lawfully present in the United States as a result of an exercise of discretion by the attorney general for emergent reasons or reasons deemed strictly in the public interest pursuant to Section 212(d)(5) of the Immigration and Nationality Act or as a result of a grant of parole by the attorney general.

~~((†††))~~ (h) An alien living within the United States ~~((to))~~ for whom the attorney general has withheld deportation pursuant to Section 243 of the Immigration and Nationality Act because of the judgment of the attorney general that the alien would otherwise be subject to persecution on account of race, religion or political opinion.

~~((††††))~~ (2) The CSO shall ~~((verify lawful permanent resident alien status))~~ determine if household members identified as alien are eligible aliens by ~~((use of))~~ requiring the appropriate INS ~~((documentation))~~ verification for each alien member. Aliens unable to furnish this identification are ineligible.

(3) Ineligible aliens. Aliens other than those described in this section shall not be eligible to participate in the program as a member of any household. Among those excluded are alien visitors, tourists, diplomats, and students who enter the United States temporarily with no intention of abandoning their residence in a foreign country. The following applies:

~~((†††††))~~ (a) The income and resources of an ineligible alien ~~((living in a household shall not))~~ who would be considered a member of a household if he or she did not have ineligible alien status shall be considered in determining eligibility or level of benefits of the household in the same manner as the income and resources of a disqualified member as found in WAC 388-54-830.

(b) If verification of the eligible alien status is not provided on a timely basis, the eligibility of the remaining household members shall be determined. The income and resources of the individual whose alien status is unverified shall be treated in the same manner as a disqualified member as set forth in WAC 388-54-830 and considered available in determining the eligibility of the remaining household members. If verification of eligible alien status is subsequently received, the department shall act on the information as a reported change in household membership.

(c) When a household indicates inability or unwillingness to provide documentation of alien status for any household member, that member should be classified as an ineligible alien.

(4) Reporting illegal aliens. The department shall inform the local INS office whenever a member of a household is ineligible to receive food stamps because the member is present in the United States in violation of the Immigration and Nationality Act.

AMENDATORY SECTION (Amending Order 1574, filed 12/8/80)

WAC 388-54-690 RESOURCES—ALLOWABLE MAXIMUMS. (1) The maximum allowable resources of all members of the household shall not exceed:

(a) ~~(((\$3,000))~~ Three thousand dollars for all households with two or more persons which include at least one member age ~~((60))~~ sixty or over;

(b) ~~(((\$1,500))~~ One thousand five hundred dollars for all other households.

(2) The resources of a student as defined in WAC 388-54-670 determined to be ineligible shall not be considered available to other household members, nor shall the individual be counted as a household member in determining the resource eligibility limits.

~~((3) The resources of an ineligible alien living in a household shall not be considered in determining eligibility or level of benefits of the household;))~~

AMENDATORY SECTION (Amending Order 1814, filed 5/19/82)

WAC 388-54-695 RESOURCES—EXEMPT. The following resources shall be exempt:

(1) The home and surrounding property not separated from the home by intervening property owned by others. The home and surrounding property shall remain exempt when temporarily unoccupied for reasons of employment, training for future employment, illness ~~((;))~~ or uninhabitability due to casualty or natural disaster, if the household intends to return. Households that currently do not own a home, but own or are purchasing a lot on which the household intends to build or is building a permanent home, shall receive an exemption for the value of the lot and, if the home is partially completed, for the home.

(2) Personal effects (clothing, jewelry, etc.), and household goods (furniture, appliances, etc.), including one burial plot per household member.

(3) Cash value of life insurance policies and pension funds, including funds in pension plans with interest penalties for early withdrawals, such as a Keogh or IRA as long as funds remain in the pension plan.

(4) Vehicles as provided for in WAC 388-54-717.

(5) Property annually producing income consistent with the fair market value, even if only used on a seasonal basis, except rental homes used by households for vacation purposes at some time during the year shall be counted as resources unless the property is producing annual income consistent with the fair market value.

(6) Property, such as farm land ~~((and))~~, rental homes ~~((;))~~ or work related equipment, such as the tools of a tradesman or the machinery of a farmer, essential to the employment or self-employment of a household member.

(7) Resources of nonhousehold members such as roomers, live-in attendants ~~((;))~~ or ineligible aliens.

(8) Indian lands held jointly with the tribe or land that can be sold only with the approval of the Bureau of Indian Affairs.

(9) Resources prorated as income for self-employed persons or students.

(10) The cash value of resources not accessible to the household, such as but not limited to, irrevocable trust funds, security deposits on rental property or utilities, property in probate, real property and notes receivable not readily liquidated, if the household is making a good-faith effort to sell at a reasonable price and has not been sold.

Funds in a trust or transferred to a trust, and the income produced by that trust to the extent the trust is not available to the household, shall be considered inaccessible to the household if:

(a) The trustee administering the funds is either:

(i) A court, or institution, corporation or organization and is not under the direction or ownership of any household member;

(ii) The individual appointed by the court who has court imposed limitations placed on the household's use of the funds;

(iii) The funds held in irrevocable trust are either established from the household's own funds, if the trustee uses the funds solely to make investments on behalf of the trust or to pay the educational expenses of any person named by the household creating the trust or established from nonhousehold funds by a nonhousehold member;

(iv) Trust investments made on behalf of the trust do not directly involve or assist any business or corporation under the control, direction or influence of a household member.

(b) If the trust arrangement will not likely cease during the certification period; and

(c) If no household member has the power to revoke the trust arrangement or change the name of the beneficiary during the certification period.

(11) Resources excluded for food stamp purposes by express provision of federal law:

(a) Payments received under the Alaska Native Claims Settlement Act or the Sac and Fox Indian Claims Agreement;

(b) Payments received by certain Indian tribal members under Public Law 94-114, Sec. 6, regarding submarginal land held in trust by the United States;

(c) Payments received from the disposition of funds to the Grand River Band of Ottawa Indians;

(d) Benefits received from the women, infants and children program (WIC);

(e) Reimbursement from the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970;

(f) Earned income tax credits received before January 1, 1980, as a result of Public Law 95-600, the Revenue Act of 1978;

(g) Payments received under Title IV CETA amendments of 1978 as follows: Youth incentive entitlement pilot projects, youth community conservation and improvement projects, and youth employment and training programs.

(h) Payments received by the Confederated Tribe of the Yakima Indian Nation and from the Indian Claims Commission as designated under Public Law 94-433, Sec. 2.

(12) Installment contracts or agreements for the sale of land or other property producing income consistent with the fair market value, and the value of the property sold under the installment contract or held as security in exchange for a purchase price consistent with the fair market value of that property.

(13) Any governmental payments specifically designated for restoration of a home damaged in a disaster if the household is subject to legal sanction if the funds are not used as intended.

(14) A payment or allowance made under any federal, state or local laws clearly identified as energy assistance by the legislative body authorizing the program or providing the funds. Among the federal payments excluded are energy assistance payments provided through the Department of Health and Human Services' Low-income Energy Assistance Program and the Community Services Administration's Energy Crisis Assistance and Crisis Intervention Programs.

(15) For jointly owned resources, refer to WAC 388-54-715.

(16) Where an exclusion applies because of use of a resource by or for a household member, the exclusion shall also apply when the resource is being used by or for an ineligible alien or disqualified person whose resources are being counted as part of the household's resources. For example, work-related equipment essential to the employment of an ineligible alien or disqualified person shall be excluded, as shall one burial plot per ineligible alien or disqualified household member.

#### AMENDATORY SECTION (Amending Order 1466, filed 12/19/79)

WAC 388-54-715 RESOURCES—NONEXEMPT. (1) The following shall be considered as resources:

(a) Liquid resources such as cash on hand or in checking or savings accounts, savings certificates, stocks and bonds.

(b) Nonliquid resources such as real property (buildings, land, etc.) and personal property (boats, aircraft, unlicensed vehicles, etc.) which are not exempted by WAC 388-54-695.

(c) Money received in the form of a nonrecurring lump-sum payment, including, but not limited to income tax refunds, rebates or credits; retroactive lump-sum Social Security, SSI, public assistance, railroad retirement benefits or other payment; or lump-sum insurance settlements; or refunds of rental, security or utility deposits.

(2) The value of nonexempt resources, except for licensed vehicles as specified in WAC 388-54-717 ~~((of this section))~~, shall be its equity value. The equity value is the fair market value less encumbrances.

(3) Exempt moneys which are kept in a separate account, and that are not commingled in an account with nonexempt funds, shall retain their resource exemption for an unlimited period of time.

(a) Those exempt moneys which are commingled in an account with nonexempt funds shall retain their exemption for six months from the date they are commingled.

(b) After six months from the date of commingling, all funds in the commingled account shall be counted as a resource.

(c) Those exempt moneys of students and self-employed households which are excluded as per WAC 388-54-695(9) and commingled in an account with nonexcluded funds shall retain their exclusion for the period of time over which they have been prorated as income.

(4) Vehicles as provided for in WAC 388-54-717.

(5) Resources owned jointly by separate households shall be considered available in their entirety to each household, unless one household can demonstrate that ~~((this))~~ the resource ~~((or a portion of it))~~ is inaccessible to ~~((them))~~ that household.

(a) If the household can demonstrate that it has access to only a portion of the resource, the value of that portion of the resource shall be counted toward the household's resource level.

(b) Resource shall be considered totally inaccessible to the household if the resource cannot practically be subdivided and the household's access to the value of the resource is dependent on the agreement of a joint owner who refuses to comply.

(c) For the purpose of considering jointly owned resources, ineligible aliens or disqualified individuals residing with the household shall be considered household members.

(6) Resources shall be considered inaccessible to persons residing in shelters for battered women and children if:

(a) The resources are jointly owned by such persons and by members of their former household; and

(b) The shelter resident's access to the value of the resources is dependent on the agreement of a joint owner who still resides in the former household.

#### AMENDATORY SECTION (Amending Order 1574, filed 12/8/80)

WAC 388-54-717 RESOURCES—VEHICLES. In determining its resource value, each vehicle will be handled as follows:

(1) Each vehicle will be evaluated to determine if it is exempt.

(a) The entire value of a licensed vehicle shall be excluded if the vehicle is:

(i) Used, over ~~((50%))~~ fifty percent of the time ~~((it))~~ the vehicle is in use, for income producing purposes such as, but not limited to, a taxi, truck~~((;))~~ or fishing boat;

(ii) Annually producing income consistent with its fair market value even if used only on a seasonal basis;

(iii) Necessary for long distance travel, other than daily commuting, that is essential to the employment of a household member ~~((or ineligible alien or disqualified person whose resources are being considered available to the household))~~, such as, but not limited to, a traveling salesperson or a migrant farmworker following the work stream;

(iv) Necessary for subsistence hunting or fishing; or

(v) Used as the household's home;

(vi) ~~((Used, one vehicle per each))~~ Necessary to transport a physically disabled household member~~((; to provide transportation))~~ ~~((or ineligible alien or disqualified person whose resources are being considered available to the household))~~, regardless of the purpose of such transportation (limited to one vehicle per physically disabled person). A vehicle shall be considered necessary for the transportation of a physically disabled household member if the vehicle is specially equipped to meet the specific needs of the disabled person or if the vehicle is a special type of vehicle that makes it possible to transport the disabled person. The vehicle need not have special equipment or be used primarily by or for the transportation of the physically disabled household member.

(b) The entire value shall be excluded if the unlicensed vehicle which is driven by Indian tribal members on those reservations not requiring ~~((its))~~ vehicle licensing meets the provisions of ~~((subdivision))~~ subsection (1)(a) of this section.

(c) The exclusion will apply when the vehicle is not in use because of temporary unemployment.

(2) Each vehicle will be evaluated to determine its fair market value.

(a) The fair market value of licensed automobiles, trucks, and vans shall be determined by the value of the vehicles as listed in publications written for the purpose of providing guidance to automobile dealers and loan companies.

(b) All licensed vehicles not excluded in subsection (1) of this section shall individually be evaluated for fair market value. That portion of the value of each vehicle which ~~((exceed \$4,500))~~ exceeds four thousand five hundred dollars shall be attributed in full toward the household's resource level regardless:

(i) Of any encumbrances on the vehicle;

(ii) Of whether or not the vehicle is used to transport household members to and from employment.

(3) Each vehicle will be evaluated to see if it is equity exempt.

(a) Licensed vehicles shall be evaluated for their equity value except:

(i) Vehicles excluded in subsection (1) of this section; and~~((;))~~



(ii) One licensed vehicle per household regardless of the use of the vehicle; and((:))

(iii) Any other licensed vehicles used to transport household members (including ineligible alien or disqualified household member) to and from employment, for seeking employment((:)) or for training or education which is preparatory to employment, even during periods of unemployment.

(b) The equity value of licensed vehicles not covered by this exclusion and of unlicensed vehicles not excluded by ((subdivision)) subsection (1)(b) of this section shall be attributed toward the household's resource level.

(4) If the vehicle has a countable market value of more than ((\$4,500)) four thousand five hundred dollars and also has a countable equity value, only the greater of the two amounts shall be counted as a resource.

AMENDATORY SECTION (Amending Order 1374, filed 3/1/79)

WAC 388-54-720 RESOURCES—TRANSFER OF PROPERTY. (1) A household member (or ineligible alien or disqualified person) which has knowingly transferred any resource for the purpose of qualifying or attempting to qualify for food stamp benefits within the three months immediately preceding the application for food stamp benefits, or after the household is determined eligible, shall be disqualified for up to one year from the date of discovery of the transfer. The penalty shall not apply to the following types of transfers:

- (a) Resources which would not effect eligibility;
- (b) Resources which are sold or traded at or near fair market value;
- (c) Resources which are transferred between household members and ineligible aliens or disqualified persons of the same household;
- (d) Resources transferred for reasons other than qualifying.

(2) The length of disqualification shall be based on the amount by which nonexempt and transferred resources, when added to other countable resources, exceed the allowable resource limits:

AMOUNT IN EXCESS OF RESOURCE LIMITS	PERIOD OF DISQUALIFICATION
\$0 - 249.99	1 month
250 - 999.99	3 months
1,000 - 2,999.99	6 months
3,000 - 4,999.99	9 months
5,000 and over	12 months

AMENDATORY SECTION (Amending Order 1628, filed 3/25/81)

WAC 388-54-725 INCOME—DEFINITIONS. (1) Earned income shall include:

- (a) All wages and salaries of an employee.
- (b) Total gross income from a self-employment enterprise including the total gain from the sale of any capital goods or equipment related to the business, excluding the cost of doing business.

(i) Payments from a roomer or boarder.  
 (ii) Returns on rental property, only if the household member is engaged in management of said property at least an average of ((20)) twenty hours a week.

(c) Training allowances from vocational and rehabilitative programs recognized by federal, state or local governments, such as WIN or CETA, to the extent they are not a reimbursement.

(d) Payments under Title I (Vista, University Year for Action, etc.) of the Domestic Volunteer Service Act of 1973 (Public Law 93-113 Statute, as amended).

(e) Payments of earned income tax credit (EIC).  
 (2) Unearned income shall include but not be limited to:

- (a) Payments received from federally-aided public assistance programs, general assistance or other assistance programs based on need.
- (b) An annuity, pension, retirement, veteran's or disability benefit; workmen's or unemployment compensation; and old-age or survivor's benefits; or strike benefits.

(c) The total payment to a household on behalf of a legally-assigned foster child or adult.

(d) Support and alimony payments from nonhousehold members made directly to the household.

(e) Scholarships, educational grants (including loans on which repayment is deferred), fellowships and veteran's education benefits in excess of amounts excluded. Such income shall be averaged over the period which it is intended to cover.

(f) Payments received from government sponsored programs.

(g) Dividends, interest, royalties, and all other direct money payments which are gain or benefit.

(h) Gross income minus cost of doing business derived from rental property in which a household member is not actively engaged in the management of the property at least ((20)) twenty hours a week.

(3) The following items shall be disregarded as income:

- (a) Moneys withheld voluntarily or involuntarily from an assistance payment, earned income or other source to repay a prior overpayment.
- (b) Child support payments received by AFDC recipients which must be transferred to support enforcement.

AMENDATORY SECTION (Amending Order 1814, filed 5/19/82)

WAC 388-54-735 INCOME—EXCLUSIONS. The following income is excluded:

(1) Payments received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970:

- (a) Payments to persons displaced as a result of the acquisition of real property;
- (b) Relocation payments to a displaced homeowner toward the purchase of a replacement dwelling provided the homeowner purchases and occupies a dwelling within one year following displacement;
- (c) Replacement housing payments to displaced persons not eligible for a homeowner's payment.

(2) Payments made under the Domestic Volunteer Services Act of 1973. Payments under Title I (VISTA) to volunteers shall be excluded for individuals receiving public assistance or food stamps at the time the individual joined VISTA and for households receiving a VISTA exclusion at the time of conversion to the Food Stamp Act of 1977. Temporary interruptions in food stamp participation shall not alter the exclusion once an initial determination has been made.

(3) Income derived from certain submarginal land of the United States held in trust for certain Indian tribes under Public Law 94-114, Section 6, or Public Law 94-540.

(4) Income derived from the disposition of funds to the Grand River Band of Ottawa Indians.

(5) Payments by the Indian Claims Commission to the Confederated Tribe of the Yakima Indian Nation (Public Law 95-443).

((5)) (6) Any payments received by Alaskan natives under the terms of the Alaskan Native Claims Settlement Act.

((6)) (7) Payments from the special crisis intervention program.

((7)) (8) Earnings received by any youth under Title IV CETA amendments of 1978 as follows:

- (a) Youth incentive entitlement pilot projects;
- (b) Youth community conservation and improvement projects;
- (c) Youth employment and training programs.
- ((8)) (9) Income received as compensation for services as an employee or income from self-employment by a child residing in the household, under eighteen years of age and attending at least half time (as defined by the institution), a kindergarten or preschool, a grade school, high school, vocational school, technical school, training program, college or university. The exclusion shall apply to a student under the parental control of another household member.

If the child's earnings or amount of work performed cannot be differentiated from earnings or work performed by other household members, the total earnings shall be prorated equally among the working members and the child's pro rata share excluded.

((9)) (10) Income received too infrequently or irregularly to be reasonably anticipated as available during a three-month period provided such infrequent or irregular income of all household members shall not exceed thirty dollars in a three-month period.

((10)) (11) All loans, including loans from private individuals as well as commercial institutions, other than educational loans on which repayment is deferred.

((11)) (12) Education loans on which payment is deferred, grants, scholarships, fellowships, veterans' educational benefits, OASDI educational benefits, and the like to the extent the funds are used for tuition and mandatory school fees at an institution of higher education, including correspondence schools at that level, or a school at any level for the physically or mentally handicapped.

((12)) (13) Money received in the form of nonrecurring lump-sum payments, such as, but not limited to, insurance settlements, sale of property (except property related to self-employment as previously provided for), cash prizes, awards and gifts (except those for support maintenance, or the expense of education), inheritances, retroactive lump-sum Social Security and railroad retirement pension payments, income tax refunds, and similar nonrecurring lump-sum payments.

((13)) (14) The cost of producing self-employment income.

~~((+4))~~ (15) Reimbursements for past or future expenses not to exceed the actual expense or reimbursements not representing a gain or benefit to the household:

(a) The following are considered reimbursements excludable, and do not represent a gain or benefit:

(i) Flat allowances for job or training-related expenses such as per diem, travel, uniforms, and transportation to and from the job or training site;

(ii) Reimbursements for out-of-pocket expenses of volunteers incurred in the course of the volunteers' work;

(iii) Reimbursement for medical or dependent care;

(iv) Reimbursements or allowances to students for specific education expenses. Portions of a general grant or scholarship must be specifically earmarked by the grantor for educational expenses such as travel or books. For purposes of this provision, "grantor" shall include any agents of the grantor responsible for the administration of the grant, and "grant or scholarship" shall include any grant used for educational purposes regardless of the fact the grantee must perform services to obtain the grant. Schools or institutions do not have the authority to designate a portion of "Pell Grant" (formerly BEOG) or work study funds. The United States Department of Education (DOE) is the only authority to earmark "Pell Grant" funds.

(b) The following are considered reimbursements not excludable, and do represent a gain or benefit.

Reimbursements for normal living expenses such as rent or mortgage, personal clothing(;) or food eaten at home.

~~((+5))~~ (16) Any gain or benefit not in money, such as in-kind benefits, including public housing, meals or clothing.

~~((+6))~~ (17) Money payments not owed or payable directly to a household, but paid to a third party for a household expense, are vendor payments and are excludable as follows:

(a) A payment made in money on behalf of a household whenever a person or other organization outside of the household uses the person's or organization's own funds to make a direct payment to either the household's creditors or a person or organization providing a service to the household;

(b) Rent or mortgage payments, made to landlords or mortgagees by the Department of Housing and Urban Development (HUD) or by state or local housing authorities, are vendor payments and are excluded;

(c) Money legally obligated and otherwise payable to the household, but is diverted by the provider of the payment to a third party for a household expense, shall be counted as income and not excluded as a vendor payment.

~~((+7))~~ (18) Money received and used for the care and maintenance of a third-party beneficiary not a household member. Representative payee payments shall be included, however, as income to the beneficiary's household:

(a) If the intended beneficiaries of a single payment are both household and nonhousehold members, any identifiable portion of the payment intended and used for the care and maintenance of the nonhousehold member shall be excluded;

(b) If the nonhousehold member's portion cannot be readily identified, the payment shall be evenly prorated among intended beneficiaries and the exclusion applied to the nonhousehold members (~~prorata~~) pro rata share of the amount actually used for the nonhousehold member's care and maintenance, whichever is less.

~~((+8))~~ (19) Money received as a Department of Housing and Urban Development (HUD) refund payment pursuant to the "Underwood versus Harris" class action settlement agreement under Section 236 of the National Housing Act shall be excluded as income and shall be excluded as a resource for a two-month period. After two months, any remaining portions of the refund payment shall be considered as a resource.

~~((+9))~~ (20) Clearly identified supplemental payments or allowances made under federal, state, or local laws for the purpose of offsetting increased energy costs.

#### AMENDATORY SECTION (Amending Order 1720, filed 11/18/81)

WAC 388-54-750 INCOME—SELF-EMPLOYMENT. (1) A household whose primary source of income is from self-employment, including self-employed farmers, shall be certified according to this section.

Self-employment income which is received on a monthly basis but which represents a household's annual support shall normally be averaged over a twelve-month period. If, however, the averaged amount

does not accurately reflect the household's actual monthly circumstances because the household has experienced a substantial increase or decrease in business, the department shall calculate the self-employment income based on anticipated earnings.

(2) Income which represents annual income and costs of producing that income are to be computed on a yearly basis and averaged evenly over twelve months to determine eligibility even if it is received in only a short period of time.

(a) Self-employment income which represents only a part of a household's annual support shall be averaged over the period of time the income is intended to cover.

(b) If a household's self-employment enterprise has been in existence for less than a year, this income shall be averaged over the period of time the business has been in operation and the monthly amount projected for the coming year.

(3) In determining monthly income from self-employment:

(a) The household may choose to determine the benefit level by using either the same net income which was used to determine eligibility, or by unevenly prorating the household's total net income over the period for which the household's self-employment income was averaged. If income is prorated, the net income assigned in any month cannot exceed the maximum monthly income eligibility standards for the household's size.

(b) For the period of time over which self-employment income is determined the department shall add all gross self-employment income (including capital gains), exclude the cost of producing the self-employment income and divide this income by the number of months over which the income will be averaged.

(c) For those households whose self-employment income is not averaged but is instead calculated on an anticipated basis, the department shall add any capital gains the household anticipates receiving in the next twelve months, starting with the date the application is filed and divide this amount by twelve. This amount shall be used in successive certification periods during the next twelve months, but recalculated should anticipated capital gains amounts change. The anticipated monthly amount of capital gains shall be added to the anticipated monthly self-employment income, and subtract the cost of producing the income. (~~Except for depreciation,~~) The cost of producing the self-employment income shall be calculated by anticipating the monthly allowable costs of producing the income.

(d) The monthly net self-employment income shall be added to any other earned income received by the household. The total monthly earned income less the eighteen percent earned income deduction shall then be added to all other monthly income received by the household. The standard deduction, dependent care, and shelter costs shall be computed as for any other household and subtracted to determine the adjusted monthly net income of the household.

(4) In calculating capital gains, the proceeds from the sale of capital goods or equipment shall be calculated in the same manner as a capital gain for federal income tax purposes. The department shall count the full amount of the capital gain as income for food stamp purposes even if only fifty percent of the proceeds from the sale of capital goods or equipment is taxed for federal income tax purposes.

(5) Allowable costs of producing self-employment income include, but are not limited to(:

~~(a) )~~, the identifiable costs of labor, stock, raw material, seed and fertilizer, interest paid to purchase income-producing property, insurance premiums, and taxes paid on income-producing property;

~~((b) Depreciation, which shall be allowed as a cost of producing self-employment income for equipment, machinery or other capital investments necessary to the self-employment enterprise, as documented by a tax return.))~~

(6) The following items shall not be allowed as a cost of producing self-employment income:

(a) Payments on the principal of the purchase price of income producing real estate and capital assets, equipment, machinery and other durable goods;

(b) Net losses from previous periods; and

(c) Federal, state and local income taxes, money set aside for retirement purposes, and other work-related personal expenses, such as transportation to and from work, as these expenses are accounted for by the eighteen percent earned income deduction specified.

(d) Depreciation.

(7) In assigning certification periods:

(a) Households that receive their annual support from self-employment and have no other source of income may be certified for up to

~~((+2))~~ twelve months;

(b) For those households that receive other sources of income or whose self-employment income is intended to cover a period of time that is less than a year, the department shall assign a certification period appropriate for the household's circumstances;

(c) For businesses which have been in operation for such a short time that there is insufficient data to make a reasonable projection, the household may be certified for less than a year until the business has been in operation long enough to base a longer projection.

(d) For those self-employed households that receive their annual income in a short period of time, the initial certification period shall be assigned to bring the household into the annual cycle.

#### AMENDATORY SECTION (Amending Order 1720, filed 11/18/81)

WAC 388-54-770 CERTIFICATION PERIODS—((REPORTING CHANGES DURING)) HOUSEHOLDS RESPONSIBILITY TO REPORT. (1) ((The recipient household is)) Certified households are required to report the following changes in circumstances:

(a) ((AH)) Changes in gross monthly income of more than twenty-five dollars and source of income, except changes in public assistance grants.

(b) All changes in household composition such as addition or loss of a household member.

(c) Changes in residence and the resulting change in shelter costs.

(d) The acquisition of a licensed vehicle not fully exempt under WAC 388-54-717.

(e) When nonexempt liquid resources reach or exceed one thousand five hundred dollars. (See WAC 388-54-715(1)(a)).

(f) A change of more than twenty-five dollars for deductible medical expense.

(2) ((AH)) Certified households shall report changes ((in status must be reported)) within ten calendar days of the date the change becomes known to the household. Reporting may be by telephone, mail or personal contact.

(3) Applying households shall report changes related to food stamp eligibility and benefits at the certification interview. Changes, as provided in subsection (1) of this section, which occur after the interview but before the date of the notice of eligibility, shall be reported by the household within ten days of the date of notice.

(4) Changes shall be considered to be reported by the household on the date the report is received by the CSO or if mailed the date the household's report is postmarked.

((FH)) (5) Individuals shall not be disqualified for failing to report a change, unless the individual is disqualified in accordance with the fraud disqualification procedures.

((FH)) (6) The client is entitled to receive:

(a) A change report form at the time of initial certification.

(b) Acknowledgment of receipt of a notice of change given by the client to the department pursuant to subsection (2) of this section.

(c) Notification of the amount of change in the allotment if the reported change results in such an adjustment.

(d) Notification of any additional verification requirements brought about by the reported change of circumstances.

(e) Notification that failure to provide required verification within ten days will result in delay of increased benefits.

(f) A new change report form when a change has been reported.

#### AMENDATORY SECTION (Amending Order 1720, filed 11/18/81)

WAC 388-54-830 TREATMENT OF INCOME AND RESOURCES OF DISQUALIFIED MEMBERS. Individual household members may be disqualified for fraud, or for failure to obtain or refusal to provide an SSN or for being an ineligible alien. During the period of time a household member is ((disqualified)) ineligible, the eligibility and benefit level of any remaining household members shall be determined as follows:

(1) The resources of the disqualified member shall continue to count in their entirety to the remaining eligible household members.

(2) A pro rata share of the income of the disqualified member less allowable exclusions shall be counted as income to the remaining members. The eighteen percent earned income deduction shall apply.

(3) That portion of the household's allowable shelter and dependent care expenses which are either paid by or billed to the disqualified member shall be divided evenly among the household members including the disqualified member. All but the disqualified member's share is counted as a deductible shelter expense for the remaining household members.

(4) The disqualified member shall not be included when determining the household size for purposes of assigning a benefit level, or for purposes of comparing the household's net monthly income with the income eligibility standards.

(5) ((Whenever)) When an individual is disqualified within the household's certification period, the department shall determine the eligibility or ineligibility of the remaining household members based on information in the case file and shall take the following action:

(a) Fraud disqualification. If the household's benefits are reduced or terminated within the certification period because one of its members has been disqualified for fraud, ((no notice of adverse action is required. However, a written notice)) the department shall ((be sent at the same time the notice of disqualification is sent, informing the household of its)) notify the remaining members of the revised eligibility and benefits levels at the same time the disqualified member is notified of the disqualification. The household is not entitled to a notice of adverse action but may request a fair hearing to contest the reduction or termination of benefits.

(b) SSN disqualification. If a household member's benefits are reduced or terminated within the certification period because one or more of its members failed to meet the SSN requirement, the department shall issue a notice of adverse action which includes:

(i) Informing the household that the individual without an SSN is being disqualified;

(ii) The reason for the disqualification;

(iii) The eligibility and benefit level of the remaining members; and

(iv) The actions the household must take to end the disqualification.

(c) Ineligible aliens. If a household's benefits are reduced or terminated within the certification period because one or more of its members is being disqualified as an ineligible alien, the department shall issue a notice of adverse action which includes:

(i) Informing the household that the individual is being disqualified;

(ii) The reason for the disqualification;

(iii) The eligibility and benefit level of the remaining members; and

(iv) The actions the household must take to end the disqualification, if applicable.

#### AMENDATORY SECTION (Amending Order 1492, filed 3/7/80)

WAC 388-54-835 CLAIMS AGAINST HOUSEHOLDS—NONFRAUD. (1) A claim shall be established against any household that has received more benefits than it was entitled to receive if less than ((+2)) twelve months have elapsed between the month a nonfraud overissuance occurred and the month the department discovered it.

(2) Nonfraud claims shall not be established against a household:

(a) That has transacted an expired ATP unless the household has altered the ATP.

(b) That failed to sign the application form, completed a current work registration form, was certified in the incorrect project area, or received food stamp benefits after its certification period had expired, as a result of department oversights.

(c) That did not receive food stamp benefits at a reduced level because its public assistance grant changed and the department failed to act.

(3) A household shall not be held liable for a claim because of a change in household circumstances which it is not required to report according to WAC 388-54-770(1).

(4) In calculating the amount of the nonfraud claim, the department shall determine the correct amount of food stamp benefits the household should have received after excluding those months that are more than ((+2)) twelve months prior to the date the overissuance was discovered. In cases involving reported changes, the department shall determine the month the overissuance initially occurred as follows:

(a) If the household failed to report a change within ((+0)) ten days of the date the change became known to the household due to misunderstandings or inadvertent error, the first month affected by the household's failure to report shall be the first of the following month the change occurred.

(b) If the household timely reported a change, but the department did not timely act on the change, the first month affected by the department's failure to act shall be the first month the department should have made the change effective.

(5) After calculating the amount of the nonfraud claim, the department shall offset the amount of the claim against any amounts which have not yet been restored to the household pursuant to WAC 388-54-805.

(6) The department shall initiate collection action on all nonfraud claims unless the claim is collected through offset or one of the following conditions apply:

(a) The total amount of the nonfraud claim is less than ~~((~~\$35.00~~))~~ thirty-five dollars.

(b) The department has documentation which shows that the household cannot be located.

(c) The department shall initiate collection action by sending the household a written demand letter which informs the household:

- (i) The amount owed and the reason for the claim;
- (ii) ~~((The period of time the claim covers;~~
- ~~((iii) Any offsetting that was done to reduce the claim and))~~ How the household may pay the claim;
- ~~((iv))~~ (iii) The household's right to a fair hearing((:));
- ~~((v) The statement which specifies that if a household is delinquent in repayment or is unable to pay the claim, the household's eligibility or level of benefits will not be affected:))~~

(d) If the household does not respond to the first demand letter, additional letters shall be sent at ~~((30))~~ thirty-day intervals until the household has responded by paying or agreeing to pay the claim or until criteria for suspending or terminating collection action have been met.

(7) Collection of a nonfraud claim shall be suspended when:

- (a) The household is financially unable to pay;
- (b) There is ~~((a))~~ little likelihood that the household will pay the claim;
- (c) The household cannot be located; or
- (d) The cost of further collection action is likely to exceed the amount that can be recovered.

(8) The department shall terminate collection action if the claim has been held in suspense for three years.

**WSR 82-20-001**

**ADOPTED RULES**

**DEPARTMENT OF TRANSPORTATION  
(Transportation Commission)**

[Order 32, Resolution No. 159—Filed September 24, 1982]

Be it resolved by the Washington State Transportation Commission, acting at Olympia, Washington, that it does adopt the annexed rules relating to the adoption of a new schedule of tolls for the Hood Canal Bridge, WAC 468-300-410.

This action is taken pursuant to Notice Nos. WSR 82-14-020 and 82-17-074 filed with the code reviser on June 28, 1982 and August 18, 1982. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 47.60.326 which directs that the Department of Transportation has authority to implement the provisions of RCW 47.60.326.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW), and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED September 15, 1982.

By Jerry B. Overton  
Chairman

NEW SECTION

WAC 468-300-410 HOOD CANAL BRIDGE TOLL SCHEDULE.

**HOOD CANAL BRIDGE TOLL SCHEDULE**

Type of Traffic	Toll
Automobile (All vehicles licensed up to 8,000 lbs.)	\$ 2.50
* Book of 20 tickets for one-way crossing by above type vehicles	40.00
** Carpool	
* Book of 10 tickets for one-way crossing by above type vehicles (available only to senior citizen purchasers, 65 years of age or older)	20.00
Motorcycle	1.00
Bicycle	.50
*** Auto Trailer	2.00
**** Trucks (Over 8,000 lbs. licensed gross weight)	2.00 /axle
Bus, School	2.50
Bus, All Others	2.00 /axle

\*Frequent user tickets shall be for 20 one-way crossings at a 20% discount and shall be good indefinitely. Refunds on unused tickets shall be according to schedule printed on book covers.

All ticket books may be redeemed on 45 days notice by the Washington state ferry system for the cost of the unused tickets.

\*\*Carpools - A commuter carpool which carries four or more persons on a regular and expense-sharing basis for the purpose of travel to or from work or school and which is certified as such by a local organization approved by the Washington state ferry system may travel at a 50% discount from fares noted. The discount will only be available on Mondays through Fridays and during two two-hour periods as selected by the carpool.

\*\*\*Any trailer towed by a vehicle classified as an automobile.

\*\*\*\*Includes all trucks licensed over 8,000 lbs. gross vehicle weight, except buses. Trucks up to 8,000 lbs. will be classified as automobiles.

**TRUCK DISCOUNT PERCENTAGES FROM REGULAR TOLL**

50 or more, one-way crossings per month ..... 25%

Available to charge customers only.

Truck and truck-trailer combinations will be classified as a single unit.

Truck discounts apply to all such vehicles operated in the name of a single owner or operator.

*moved from 8-7-82 OK 4/8/83 Dik a/c*

**WSR 82-20-002**

**PROPOSED RULES**

**INSURANCE COMMISSIONER  
STATE FIRE MARSHAL**

[Filed September 24, 1982]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Insurance Commissioner/State Fire Marshal intends to adopt, amend, or repeal rules concerning fireworks, chapter 212-17 WAC.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on October 29, 1982.

The authority under which these rules are proposed is RCW 70.77.250.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before October 29, 1982.

This notice is connected to and continues the matter in Notice No. WSR 82-18-033 filed with the code reviser's office on August 26, 1982.

Dated: September 24, 1982

By: Thomas R. Brace  
Director, Division of State Fire Marshal

**WSR 82-20-003**  
**EMERGENCY RULES**  
**DEPARTMENT OF FISHERIES**  
 [Order 82-144—Filed September 24, 1982]

I, Rolland A. Schmitt, director of the Department of Fisheries, do promulgate and adopt at Olympia, Washington, the annexed rules relating to commercial fishing regulations.

I, Rolland A. Schmitt, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is harvestable numbers of coho salmon are available.

These rules are therefore adopted as emergency rules to take effect upon filing with the code reviser.

This rule is promulgated pursuant to RCW 75.08.080 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED September 24, 1982.

By Rolland A. Schmitt  
 Director

**NEW SECTION**

**WAC 220-40-02200S WILLAPA HARBOR—WEEKLY PERIODS** *Notwithstanding the provisions of WAC 220-40-022, it is lawful to take, fish for and possess salmon taken for commercial purposes from 6:00 p.m. Saturday September 25, 1982 to 6:00 p.m. Sunday September 26, 1982 in Willapa Harbor Salmon Management and Catch Reporting Areas 2G, 2H and 2M.*

**WSR 82-20-004**  
**EMERGENCY RULES**  
**DEPARTMENT OF FISHERIES**  
 [Order 82-146—Filed September 24, 1982]

I, Rolland A. Schmitt, director of the Department of Fisheries, do promulgate and adopt at Olympia, Washington, the annexed rules relating to personal use rules.

I, Rolland A. Schmitt, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is sampling data indicates razor clams have not reached harvestable size.

These rules are therefore adopted as emergency rules to take effect upon filing with the code reviser.

This rule is promulgated pursuant to RCW 75.08.080 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED September 24, 1982.

By Rolland A. Schmitt  
 Director

**NEW SECTION**

**WAC 220-56-36000E RAZOR CLAMS—AREAS AND SEASONS** *Notwithstanding the provisions of WAC 220-56-360, effective October 1, 1982 until further notice it is unlawful to take, dig for or possess razor clams taken for personal use from Razor Clam Areas 1, 2 or 3.*

**WSR 82-20-005**  
**EMERGENCY RULES**  
**DEPARTMENT OF FISHERIES**  
 [Order 82-147—Filed September 24, 1982]

I, Rolland A. Schmitt, director of the Department of Fisheries, do promulgate and adopt at Olympia, Washington, the annexed rules relating to personal use rules.

I, Rolland A. Schmitt, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is harvestable numbers of coho will be available in Grays Harbor. Coastal coho stocks will be out of the mouth of the Strait of Juan de Fuca by October 15th.

These rules are therefore adopted as emergency rules to take effect upon filing with the code reviser.

This rule is promulgated pursuant to RCW 75.08.080 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED September 24, 1982.

By Rolland A. Schmitt  
 Director

**NEW SECTION**

**WAC 220-56-19000R SALTWATER SEASONS AND BAG LIMITS** *Notwithstanding the provisions of WAC 220-56-190, (1) Effective immediately it is unlawful to take, fish for, or possess salmon taken for personal use by angling from the waters of the Pacific Ocean west of the Bonilla-Tatoosh line and west of a*

line drawn true north-south through Buoy 10 at the mouth of the Columbia River.

(2) Grays Harbor (waters east of a line from the outermost end of the north jetty to the outermost end of the south jetty) closed to salmon angling, except bag limit code A as defined in WAC 220-56-180 applies through September 30, 1982, in the Westport Boat Basin, which is defined as the area inside the breakwater surrounding the boat basin and inside of lines drawn between lighted day markers 10 and 11 and between lighted day markers 1 and 2 which mark the two entrances to the boat basin. Effective October 1, 1982 through November 30, 1982 bag limit code A in all waters of Grays Harbor except that all chinook salmon over 24 inches in length and all chum salmon must be released.

(3) Willapa Harbor waters east of a line from Leadbetter Point to Cape Shoalwater light and downstream from river mouths as defined in WAC 220-56-105 bag limit F - open.

(4) Strait of Juan de Fuca waters east of the Bonilla-Tatoosh line and west of a line drawn true north from Koitlah Point - closed to salmon angling.

(5) Strait of Juan de Fuca waters east of a line drawn true north from Koitlah Point and west of a line drawn true north from the mouth of Sekiu River - Bag limit F - open.

(6) Effective October 15, 1982, Strait of Juan de Fuca from the Bonilla-Tatoosh line to a line drawn true north from the mouth of the Sekiu River - bag limit H except all chinook less than 24 inches in length and all coho salmon less than 16 inches in length must be released.

(7) Strait of Juan de Fuca east of a line drawn true north from the mouth of the Sekiu River, Gulf of Georgia, San Juan Islands and Puget Sound (including Hood Canal) Bag limit H - open except for special provisions in WAC 220-56-195.

### REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 220-56-19000Q SALTWATER SEASONS AND BAG LIMITS (82-118)

### WSR 82-20-006

#### EMERGENCY RULES

#### DEPARTMENT OF FISHERIES

[Order 82-148—Filed September 24, 1982]

I, Rolland A. Schmitten, director of the Department of Fisheries, do promulgate and adopt at Olympia, Washington, the annexed rules relating to commercial fishing regulations.

I, Rolland A. Schmitten, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is all citizen fishery openings allow

continued harvest of non-Indian allocation of harvestable surpluses. All other Puget Sound areas are closed to all-citizen commercial fishing to prevent overharvest of salmon stocks.

These rules are therefore adopted as emergency rules to take effect upon filing with the code reviser.

This rule is promulgated pursuant to RCW 75.08.080 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED September 24, 1982.

By Rolland A. Schmitten  
Director

### NEW SECTION

WAC 220-47-711 PUGET SOUND ALL-CITIZEN COMMERCIAL SALMON FISHERY. Notwithstanding the provisions of Chapter 220-47 WAC, effective September 26, 1982, until further notice it is unlawful to take, fish for or possess salmon for commercial purposes in the following Puget Sound Salmon Management and Catch Reporting Areas except in accordance with the following restrictions:

Areas 4B, 5, 6, 6A, 6B, and 6C - Closed.

\*Area 6D - Closed except gill nets using 5" minimum mesh may fish 5 PM to 9 AM September 29 through the morning of October 1 and and purse seines may fish 5 AM to 9 PM September 30 and 5 AM to 4 PM October 1.

\*Area 7 - Closed to all commercial fishing except reef nets may fish from 5 AM to 9 PM September 27 through September 29.

Area 7A - Under control of International Pacific Salmon Fisheries Commission.

\*Area 7B - Closed except gill nets using 5-inch minimum mesh may fish from 12:01 AM to 9 AM Sunday, September 26, and from 5 PM to 9 AM nightly, September 26 through the morning of September 29.

Gill nets may fish 24 hours per day in that portion north of a line from Point Frances to Post Point beginning 5 PM September 29 through October 9. Gill nets may fish 5 PM to 9 AM nightly in that portion south of a line from Point Frances to Post Point beginning 5 PM September 29 through October 9. Purse seines may fish from 5 AM to 9 PM daily, September 26 through October 9. Areas 7C and 7D - Closed.

\*Area 8 - Closed except gill nets using 5-inch minimum mesh may fish from 5 PM to 9 AM nightly, September 27 through the morning of October 1 and purse seines using the 5-inch strip may fish from 5 AM to 9 PM daily September 27 through September 30 and 5 AM to 4 PM October 1.

*\*Areas 8A, 9, 9A, 10, 10A, 10B, 10C, 10D, 10E, 11, 11A, 12, 12A, 12B, 12C, 12D, 13, 13A, 13B, and all freshwater areas - Closed.*

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

### REPEALER

*The following section of the Washington Administrative Code is repealed effective 11:59 PM September 25, 1982:*

*WAC 220-47-710 Puget Sound All-Citizen Commercial Salmon Fishery (82-140)*

### **WSR 82-20-007**

#### **EMERGENCY RULES**

#### **DEPARTMENT OF FISHERIES**

[Order 82-149—Filed September 24, 1982]

I, Rolland A. Schmitten, director of the Department of Fisheries, do promulgate and adopt at Olympia, Washington, the annexed rules relating to commercial fishing regulations.

I, Rolland A. Schmitten, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is restrictions in Areas 4B, 5, 6C and 7 provide the least restrictive regulations that allow protection of adult Canadian chinook salmon while providing opportunity for limited harvest, limited effort, immobile treaty Indian coho fisheries. Restrictions in Area 6 and 6A provide protection for Canadian origin coho. Restrictions in 7C and the Samish River provide protection for chinook returning to the Samish Hatchery. Restrictions in Areas 10C, 10D and the Cedar River provide protection for Lake Washington sockeye. Restrictions in Skagit River above Old Faber Ferry Landing, provide protection for local chinook stocks. Dungeness River, Hoko River, Twin Rivers, Clallam River, Lyre River, Sekiu River, Sail River, Pysht River, Salt and Deep Creeks provides protection for local chinook stocks which is necessary through September 25. Restrictions in Areas 6B and 9 are no longer necessary. Restrictions in Area 13B provide protection for Deschutes River chinook salmon which is necessary through September 25.

These rules are therefore adopted as emergency rules to take effect upon filing with the code reviser.

This rule is promulgated pursuant to RCW 75.08.080 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED September 24, 1982.

By Rolland A. Schmitten  
Director

### NEW SECTION

**WAC 220-28-218 PUGET SOUND COMMERCIAL FISHERY RESTRICTIONS.** *It is unlawful for treaty Indian fishermen to take, fish for or possess salmon for commercial purposes in the following Puget Sound Salmon Management and Catch Reporting Areas except in accordance with the following restrictions:*

*Areas 4B, 5, and 6C - Gill net gear restricted to 6-1/2-inch maximum mesh, when open.*

*Areas 6 and 6A - Closed to all commercial fishing.*

*Area 7 - Closed to all commercial fishing excluding reef net gear.*

*Area 7A - Under control of International Pacific Salmon Fisheries Commission.*

*Area 7C - Closed to all commercial fishing.*

*Area 10C - Closed to all commercial fishing.*

*Area 10D - Closed to all commercial fishing in that portion within 250 yards of the eastern and northern shores of Lake Sammamish between the Sammamish River and Issaquah Creek. Gill nets restricted to 6-1/2-inch minimum mesh and all other gear must release all sockeye, when open.*

*\*Area 13B in that portion south of a line from Dofflemeyer Point to Cooper Point - Effective through September 25, closed to gill nets, and all other gear must release female chinook.*

*Samish River - Closed to all commercial fishing.*

*Skagit River - Closed to all commercial fishing above Old Faber Ferry Landing including all tributaries until further notice.*

*\*Dungeness River, Hoko River, East and West Twin Rivers, Clallam River, Lyre River, Sekiu River, Sail River, Pysht River, Salt and Deep Creeks - Effective through September 25, closed to all commercial fishing.*

### REPEALER

*The following section of the Washington Administrative Code is repealed:*

*WAC 220-28-217 Puget Sound Commercial Fishery Restrictions (82-143)*

**WSR 82-20-008**  
**PROPOSED RULES**  
**DEPARTMENT OF LICENSING**  
**(Securities Division)**  
 [Filed September 27, 1982]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Licensing intends to adopt, amend, or repeal rules concerning the regulation of securities, adding new chapter 460-33A WAC, securities involving mortgages, trust deeds or property sales contracts;

that the agency will at 10:30 a.m., Tuesday, October 19, 1982, in Conference Room A, 4th Floor, Highways-Licenses Building, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on October 26, 1982.

The authority under which these rules are proposed is RCW 21.20.450.

Chapter 460-33A WAC is promulgated pursuant to chapter 21.20 RCW and is intended to administratively implement that statute and RCW 21.20.450, which directs that the director of the Department of Licensing has authority to implement the provisions of chapter 21.20 RCW.

The specific statute these rules are intended to implement is chapter 21.20 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before October 19, 1982.

This notice is connected to and continues the matter in Notice No. WSR 82-16-007 filed with the code reviser's office on July 23, 1982.

Dated: September 24, 1982  
 By: John Gonzalez  
 Director

**WSR 82-20-009**  
**NOTICE OF PUBLIC MEETINGS**  
**HOSPITAL COMMISSION**  
 [Memorandum—September 24, 1982]

The State Hospital Commission will meet in Seattle at the Seattle Hilton, SeaTac, on Thursday, October 14, 1982, at 9:30 a.m. The hospitals scheduled for informal hearing have previously filed with the commission their annual budget and rate requests and their requests for amendments to their previously approved budget and rates. Staff findings and recommendations will be prepared and transmitted to the scheduled hospitals and to members of the Hospital Commission in accordance with WAC 261-20-135. Such information is on file in the commission's office and is available for inspection.

Meetings of the State Hospital Commission are also scheduled for November 18 at the Seattle Airport Hilton, December 2, 16 and 17 at the Vance Airport Inn, and December 9, 10 and 22 at the Seattle Airport Hilton.

**WSR 82-20-010**  
**PROPOSED RULES**  
**WALLA WALLA**  
**COMMUNITY COLLEGE**  
 [Filed September 27, 1982]

Notice is hereby given in accordance with the provisions of RCW 28B.19.030, that the Community College District No. 20, Walla Walla Community College, intends to adopt, amend, or repeal rules concerning reduction in force for classified personnel, chapter 132T-128 WAC;

that the institution will at 1:30 p.m., Thursday, November 18, 1982, in the Board Room at Walla Walla Community College, 500 Tausick Way, Walla Walla, WA, conduct a public hearing on the proposed rules.

The adoption, amendment, or repeal of the rules will take place immediately following the hearing.

The authority under which these rules are proposed is RCW 28B.50.140, chapter 28B.19 RCW and chapter 1-13 WAC.

The specific statute these rules are intended to implement is RCW 28B.50.140(2), 28B.16.100 and WAC 251-10-030.

Interested persons may submit data, views, or arguments to this institution in writing to be received by this institution before November 18, 1982.

Dated: September 21, 1982  
 By: Wayland DeWitt  
 Secretary, Board of Trustees

**STATEMENT OF PURPOSE**

Identification of Proposed Rules: The following sections are amended: WAC 132T-128-010, 132T-128-030, 132T-128-040, 132T-128-050, 132T-128-060 and 132T-128-080.

Statutory Authority: RCW 28B.50.140, chapter 28B.19 RCW and chapter 1-13 WAC statutorily grant the authority for District No. 20 as an institution of higher education to amend, repeal or create rules.

Purpose and Reason for Rules: WAC 132T-128-010 is proposed to bring the adopted rules of Community College District No. 20 in compliance with the rules of the Higher Education Personnel Board as amended in 1982; WAC 132T-128-030 is proposed to establish separate layoff units at the three different locations of the college in which classified staff are employed, and to bring the reduction in force policy for classified employees of Walla Walla Community College in conformance with the amended rules of the Higher Education Personnel Board; WAC 132T-128-040 is proposed to provide for application of the rules to include additional layoff units; WAC 132T-128-050 is proposed to provide for implementation of option procedures within layoff units; and WAC 132T-128-080 is proposed to provide compliance with the revised Higher Education Personnel Board rules and clarification of reemployment rights of laid off employees.

Summary of the Rule: The rule may be summarized as amending chapter 132T-128 WAC, Reduction in Force for Classified Employees to establish separate layoff units at the three different locations of the college



and comply with the amended rules of the Higher Education Personnel Board.

Institution Personnel Responsible for Rule: The president of Walla Walla Community College, 500 Tausick Way, Walla Walla, Washington, Telephone 522-2500, Ext. 4274 is responsible for the drafting, implementation and enforcement of the rule, with the administration to be as provided for in the procedures contained in the rules.

These rules are not necessary as a result of federal law or federal or state court action.

AMENDMENTS TO  
CHAPTER 132T-128  
REDUCTION IN FORCE  
FOR CLASSIFIED PERSONNEL

WAC

132T-128-010	Purpose of Rules.
132T-128-030	Initial Procedures for Reduction in Force.
132T-128-040	Initial Order of Layoff.
132T-128-050	Options in Lieu of Layoff.
132T-128-080	Reemployment Rights of Laid Off Employees.

AMENDATORY SECTION (Amending Order 80-4, filed 9/27/79)

WAC 132T-128-010 PURPOSE OF RULES. Pursuant to the direction of the Higher Education Personnel Board of the State of Washington, the Board of Trustees for Washington State Community College District No. 20 hereby establishes the procedures for reduction in force for the layoff of classified employees when such reductions or layoffs are required by lack of funds, or ~~((curtailment of work, or good faith reorganization for efficiency reasons;))~~ lack of work, or when an incumbent must be separated due to the salary or longevity mandates of Public Law 95-524.

AMENDATORY SECTION (Amending Order 80-4, filed 9/27/79)

WAC 132T-128-030 INITIAL PROCEDURES FOR REDUCTION IN FORCE. (1) When a reduction in force is required due to lack of funds, or ~~((curtailment of programs, or good faith reorganization for efficiency reasons;))~~ lack of work, or when an incumbent must be separated due to the salary or longevity mandates of Public Law 95-524, the appointing authority shall determine the number of positions, by classification, which shall be abolished.

(2) The order of layoff and optional retention rights of classified employees shall be determined on ~~((an institution-wide))~~ a layoff unit basis. The ~~((entire))~~ classified staff of Walla Walla Community College is divided into ~~((two))~~ four layoff units ~~((= regular workforce unit and special programs unit;))~~: (1) on-campus regular workforce unit; 2) Clarkston Branch of Walla Walla Community College regular workforce unit; 3) Washington State Penitentiary regular workforce unit; 4) special programs unit.

That all classified employees shall be advised of the layoff unit to which they are assigned.

**Reviser's note:** RCW 34.04.058 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 Order 80-4, filed 9/27/82)

WAC 132T-128-040 INITIAL ORDER OF LAYOFF. The initial order of layoff shall be by assigned unit according to the appointment status of employees in the classifications of positions to be eliminated.

(1) Probationary, temporary and hourly employees shall be laid off before permanent status employees in the same classification.

(2) Emergency, temporary or intermittent employees shall be laid off before probationary and provisional status employees in the same classification. The order of layoff for probationary or provisional employees shall be inverse to their length of layoff seniority. The employee having the least amount of such layoff seniority shall be separated first and the employee having the greatest amount of layoff seniority shall be separated last.

(3) Permanent status employees shall be laid off in inverse order of their layoff seniority. The employee having the least amount of such layoff seniority shall be separated first and the employee having the greatest amount of layoff seniority shall be separated last. Layoff seniority shall include the last period of unbroken service in the classified service of the college. Authorized leave of absence or leave without pay shall not constitute a break in service; however, the time spent on such leave shall not be included in computing seniority except where required by statute and except in the case of positions established on the basis of an instructional year.

(4) The retention rights of veterans shall be determined in accordance with WAC 251-10-045.

AMENDATORY SECTION (Amending Order 80-4, filed 9/27/79)

WAC 132T-128-050 OPTIONS IN LIEU OF LAYOFF. (1) Options shall be offered in lieu of layoff to employees in accordance with the provisions of WAC 251-10-030.

(2) Permanent status employees, according to seniority, shall be offered employment options in classifications in their layoff unit in which the employee has held permanent status, or lower classifications in the same class series for which the employee is qualified; provided that the employee being replaced is the least senior in that classification and has less layoff seniority than the employee replacing him.

(3) Except as provided in WAC 251-10-035, a permanent employee scheduled for layoff who has no options available under (2) above shall be offered positions as follows: The personnel officer will offer in writing not less than three positions from among the highest available classes (unless then total available is less ~~((then))~~ than three), provided that any positions offered must be at the same level or lower than the class from which the employee is being laid off; are vacant or held by a provisional, temporary, or probationary employee; and in a class for which the employee being laid off meets the minimum qualifications and can pass the appropriate qualifying examination, as provided in WAC 251-10-030(6).

(4) Eligible veterans and their unmarried widows or widowers as defined in WAC 251-10-045 shall be provided veterans preference.

AMENDATORY SECTION (Amending Order 80-4, filed 9/27/79)

WAC 132T-128-080 REEMPLOYMENT RIGHTS OF LAID OFF EMPLOYEES. (1) Reduction in force lists are established by layoff unit and classification and are maintained by the personnel officer. The names of permanent and probationary employees who are scheduled for layoff, who have been laid off from service within a class of service to the institution, or who have accepted a lower option in lieu of layoff shall be placed on the institution-wide layoff list(s) for those class(es) in which they have held permanent status, probationary (if within the same class series as the list), or trial service appointment status within the current period of employment at the institution provided that:

- (a) The employee has requested placement on the list;
- (b) The employee has not been rejected, reverted, demoted or dismissed from such class(es); and
- (c) The class has the same or lower salary range maximum as the class from which laid off.

In addition, such employees shall be placed on institution-wide layoff list(s) for all lower class(es) in these same class series.

(2) Upon request, employees shall be placed on these lists at the completion of the three-day option period or upon selection of an option, whichever is sooner.

(3) Layoff lists shall be institution-wide, with eligibles ranked according to layoff seniority as defined in WAC 251-04-020.

(4) ~~((Eligibles certified from such lists shall be re-employed in preference to all other eligibles;))~~ Eligibles shall be certified for reemployment from an institution-wide layoff list. The personnel officer shall certify four more names than there are vacancies to be filled by certification in strict order of standing on the institution-wide layoff list(s), except that if there are not sufficient eligible people on the institution-wide layoff list(s) for the class(es), the personnel officer shall certify to the employing officer four more names than there are vacancies to be filled by certification in strict order of standing on the eligible list(s), and with strict order of priority as follows:

- (a) Organizational unit promotion list.
- (b) Institution-wide promotion list.
- (c) Special employment program layoff list.
- (d) Statewide layoff list.
- (e) Open competitive or noncompetitive list.

(5) Removal from the institution-wide layoff list shall be as provided below:

(a) Acceptance of a layoff option or appointment from a layoff list shall cause removal from the list(s) for all classes with the same or lower salary range maximum; except that unless the employee so requests, he/she may not be removed via this procedure from the layoff list or the class from which laid off.

(b) Retirement, resignation, or dismissal from the institution shall cause removal from the list(s).

Except as provided in (5) above, the duration of eligibility on the institution-wide layoff list is two years. Prior to the expiration date of the eligible, he/she shall be notified of the expiration date and given the opportunity to extend ((his)) the eligibility for one additional year by written request to the personnel officer.

**Reviser's note:** RCW 34.04.058 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 82-20-011**  
**EMERGENCY RULES**  
**DEPARTMENT OF**  
**LABOR AND INDUSTRIES**  
[Order 82-33—Filed September 27, 1982]

I, Sam Kinville, director of the Department of Labor and Industries, do promulgate and adopt at Room 334, General Administration Building, Olympia, Washington 98504, the annexed rules relating to WAC 296-200-100, priority for payment of judgments. This rule is an explanation of the priority classifications in RCW 18.27.040. If two or more claims arise against a contractor, priority classifications determine which claim shall be satisfied first. RCW 18.27.040, however, has often caused confusion; the rule explains and clarifies the more confusing parts. The amendment adopted by this order is necessary because experience has shown that the department's explanation does not correctly apply in all cases in which priority questions arise.

I, Sam Kinville, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is the rule does not correctly explain RCW 18.27.040 in all cases in which there are two or more claims against a contractor's bond. The incorrect explanation is forcing certain claimants to wait for long periods of time before they can obtain payment on their claims. These claimants face an unreasonable financial hardship because of the department's error. The amendment will ensure that these claimants can obtain payment much sooner.

These rules are therefore adopted as emergency rules to take effect upon filing with the code reviser.

This rule is promulgated pursuant to RCW 18.27.040 and is intended to administratively implement that statute.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.

APPROVED AND ADOPTED September 24, 1982.

By Sam Kinville  
Director

AMENDATORY SECTION (Amending Order No. 81-25, filed 10/8/81)

**WAC 296-200-100 PRIORITY FOR PAYMENT OF JUDGMENTS.** RCW 18.27.040 contains two different provisions for priority in paying judgments from the contractor's bond or security.

(1) If a contractor is secured, the section shall satisfy final judgments against the contractor in the order the section receives the judgments.

(2)((~~(a)~~)) If a contractor is bonded, the priority for paying judgments from the bond is not a race priority such as the priority for payment of judgments against a security contractor. Instead, it is similar to the priority in bankruptcies. Claims for labor and employee benefits are satisfied first; claims for breach of contract are satisfied second; material and equipment claims are third; claims for taxes and contributions to the state of Washington are fourth; and claims for court costs, interest, and attorneys fees are satisfied last. No claim in a lesser category may be satisfied until all claims in the preceding categories are satisfied.

~~((b) A court may not order a bonding company to satisfy any one judgment or to tender money to the court until all claims against the contractor's bond outstanding in any court in the state are litigated. Only after all claims are litigated can a court decide which claims take priority and how much each claim is to be paid.))~~

**WSR 82-20-012**  
**PROPOSED RULES**  
**DEPARTMENT OF**  
**LABOR AND INDUSTRIES**  
[Filed September 27, 1982]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Labor and Industries intends to adopt, amend, or repeal rules concerning WAC 296-200-100, priority for payment of judgments. This rule is an explanation of the priority classifications in RCW 18.27.040. If two or more claims arise against a contractor and the contractor's bond or security, the priority classifications determine which claim shall be satisfied first. RCW 18.27.040 has often caused confusion; the rule explains and clarifies the more confusing parts. The amendment proposed by this notice is necessary because experience has shown that the department's explanation does not correctly apply in all cases in which priority questions arise. Written or oral submissions may also contain data, views, and arguments concerning the effect of the proposed rules or

amendments of rules on economic values, pursuant to chapter 43.21H RCW.

The agency reserves the right to modify the text of these proposed rules before the hearing or in response to written or oral comments received before or during the hearing.

The agency may need to change the date for hearing or adoption on short notice. To ascertain that the hearing or adoption will take place as stated in this notice, an interested person may contact the person named below.

Correspondence relating to this notice and the proposed rules should be addressed to:

Carlene White  
520 S. Water Street  
Olympia, Washington 98504  
Telephone: (206) 754-1585

that the agency will at 1:30 p.m., Friday, November 12, 1982, in the Conference Room, Third Floor, General Administration Building, Olympia, Washington 98504, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on December 1, 1982.

The authority under which these rules are proposed is RCW 18.27.040.

The specific statute these rules are intended to implement is RCW 18.27.040.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before November 12, 1982.

Dated: September 24, 1982

By: Sam Kinville  
Director

#### STATEMENT OF PURPOSE

Title and Number of Rule: WAC 296-200-100, Priority for payment of judgments.

Statutory Authority: RCW 18.27.040.

Specific Statute the Rule is Intended to Implement: RCW 18.27.040.

Summary of the Rule: The rule clarifies the parts of RCW 18.27.040 that set the priority for settling claims against a contractor's bond or security. The amendment to WAC 296-200-100 is proposed because experience has shown that the current rule does not correctly apply in some cases.

Description of the Purpose of the Rule: Occasionally two claims in the same priority class will arise against a bond. The rule currently states that a court should not order a claim paid out before all claims have been litigated. However, in some cases the total amount of the claims is less than the amount of the bond. The rule, in this case, can unnecessarily prevent one claimant from receiving an early payment because another claim is still being litigated. The amendment to the rule is to correct this unwanted result.

Reasons Supporting the Proposed Rule: Many claimants are being prevented from receiving an early payment from the bond because of the rule. The amendment will enable them to collect.

The Agency Person who is Responsible for Drafting, Implementing and Enforcing the Rule: Carlene White,

Administrative Assistant, 520 South Water Street, Olympia, Washington 98504, (206) 754-1585.

Name of the Person or Organization that is Proposing the Rule: Department of Labor and Industries.

Agency Comments or Recommendations, if any, Regarding Statutory Language, Implementation, Enforcement, and Fiscal Matters Pertaining to the Rule: This rule will not raise costs. Rather, it should lessen the costs of suit for claimants against contractors' bonds.

This rule is not necessary to comply with a federal law or a federal or state court decision.

Any Other Information that may be of Assistant in Identifying the Rule or its Purpose: None.

A small business economic impact statement is not required because there are no costs involved with compliance with the rule.

#### AMENDATORY SECTION (Amending Order No. 81-25, filed 10/8/81)

WAC 296-200-100 PRIORITY FOR PAYMENT OF JUDGMENTS. RCW 18.27.040 contains two different provisions for priority in paying judgments from the contractor's bond or security.

(1) If a contractor is secured, the section shall satisfy final judgments against the contractor in the order the section receives the judgments.

(2)((a)) If a contractor is bonded, the priority for paying judgments from the bond is not a race priority such as the priority for payment of judgments against a security contractor. Instead, it is similar to the priority in bankruptcies. Claims for labor and employee benefits are satisfied first; claims for breach of contract are satisfied second; material and equipment claims are third; claims for taxes and contributions to the state of Washington are fourth; and claims for court costs, interest, and attorneys fees are satisfied last. No claim in a lesser category may be satisfied until all claims in the preceding categories are satisfied.

~~((b) A court may not order a bonding company to satisfy any one judgment or to tender money to the court until all claims against the contractor's bond outstanding in any court in the state are litigated. Only after all claims are litigated can a court decide which claims take priority and how much each claim is to be paid.))~~

#### WSR 82-20-013

#### PROPOSED RULES

#### DEPARTMENT OF

#### LABOR AND INDUSTRIES

#### (Board of Boiler Rules)

[Filed September 27, 1982]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Labor and Industries, Board of Boiler Rules, intends to adopt, amend, or repeal rules concerning WAC 296-104-055 Administration—Examination fees; WAC 296-104-060 Administration—Commissions; WAC 296-104-200 Inspection of systems—Standard for new construction; and WAC 296-104-700 Inspection fees—Certificate fees—Expenses—Schedules. The board proposes to amend WAC 296-104-055 to charge a fee of \$40.00 for an examination for a certificate of competency as a boiler inspector; WAC 296-104-060 to charge a fee of \$25.00 for each commission as an inspector and \$10.00 for each renewal; WAC 296-104-200 to adopt the summer 1982 addenda to the American Society of Mechanical Engineers (ASME) Boiler and Pressure Vessel Code; and

WAC 296-104-700 to raise the inspection fees, certificate of inspection fees, and travel expenses charged by the department and to set new fees for reinspections and for consideration of applications for Washington state special certificates.

Written or oral submissions may also contain data, views, and arguments concerning the effect of the proposed rules or amendments of rules on economic values, pursuant to chapter 43.21H RCW.

The agency reserves the right to modify the text of these proposed rules before the hearing or in response to written or oral comments received before or during the hearing.

The agency may need to change the date for hearing or adoption on short notice. To ascertain that the hearing or adoption will take place as stated in this notice, an interested person may contact the person named below.

Correspondence relating to this notice and the proposed rules should be addressed to:

George Folta, Chief Boiler Inspector  
300 West Harrison St., Rm. 506  
Seattle, WA 98119  
(206) 281-5519

that the agency will at 10:00 a.m., Tuesday, November 23, 1982, in the Large Conference Room, First Floor, General Administration Building, Olympia, Washington 98504, conduct a public hearing on the proposed rules.

The adoption, amendment, or repeal of the rules will take place immediately following the hearing.

The authority under which these rules are proposed is RCW 70.79.030 and 70.79.330.

The specific statute these rules are intended to implement is RCW 70.79.030 and 70.79.330.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before November 23, 1982.

Dated: September 22, 1982

By: Thornton Wilson, AAG  
for Spencer H. Bush  
Chairman, Board of Boiler Rules

#### STATEMENT OF PURPOSE

Title and Number of Rules: WAC 296-104-055 Administration—Examination fees; WAC 296-104-060 Administration—Commissions; WAC 296-104-200 Inspection of systems—Standard for new construction; and WAC 296-104-700 Inspection fees—Certificate fees—Expenses—Schedules.

Statutory Authority: RCW 70.79.030 and 70.79.330.

Statutes Rules are Designed to Implement: RCW 70.79.030 and 70.79.330.

Description of the Purpose of the Rules: WAC 296-104-200 updates the requirements for construction of new boilers and pressure vessels to ensure that the Washington standards are consistent with nationally accepted standards; WAC 296-104-055, 296-104-060 and 296-104-700 raise fees charged by the department, and set new fees for certain services, to cover the increased costs of administering and enforcing chapter 70.79 RCW.

Summary of the Rules: WAC 296-104-200 is amended to adopt the 1982 summer addenda to the American Society of Mechanical Engineers (ASME) Boiler and Pressure Vessel Code; WAC 296-104-055 raises the fee for an examination for a certificate of competency as a boiler inspector from \$25.00 to \$40.00; WAC 296-104-060 sets a new \$25.00 fee for issuing a commission to a boiler inspector and a \$10.00 fee for renewal of the commission; and WAC 296-104-700 raises the fees for inspections, inspection certificates, and travel expenses, and sets new fees for reinspections and for considering applications for Washington state special inspection certificates.

Reasons Supporting the Proposed Rules: WAC 296-104-200 should be amended because compliance with the 1982 summer addenda to the ASME Boiler and Pressure Vessel Code will improve the safety of boilers and pressure vessels in Washington. The other three rules must be amended to ensure that the Department of Labor and Industries has sufficient funds to enforce and administer the boiler and pressure vessel law. The boiler and pressure vessel fund currently is showing a slight but persistent decline; the proposed new and raised fees will halt the decline.

The Agency Person who is Responsible for the Drafting, Implementation and Enforcement of the Rules: George Folta, Chief Boiler Inspector, 300 West Harrison, Seattle, WA, (206) 281-5519.

Name of the Person or Organization, Whether Private, Public or Governmental, that is Proposing the Rules: Department of Labor and Industries.

Agency Comments or Recommendations, if any, Regarding Statutory Language, Implementation, Enforcement, and Fiscal Matters Pertaining to the Rules: None.

The rules are not necessary to comply with a federal law or a federal or state court decision.

Any Other Information that may be of Assistance in Identifying the Rule or its Purpose: None.

WAC 296-104-055, 296-104-060 and 296-104-700 increase costs and affect more than 10% of one industry. However, the department considers that a small business impact statement is not required because special changes to these rules are not feasible in meeting the objectives of RCW 70.79.330. Further, the costs to small businesses will not be proportionately greater than those to other businesses; the total fees charged by the department will depend on the numbers of commissions and inspections that are required. These numbers are independent of business size.

AMENDATORY SECTION (Amending Order No. 74-37, filed November 8, 1974)

WAC 296-104-055 ADMINISTRATION — EXAMINATION FEES. A fee of ((~~twenty-five~~)) forty dollars will be charged for each applicant taking the examination for a Certificate of Competency or any examination sponsored by The National Board of Boiler and Pressure Vessel Inspectors. In the event an applicant fails to pass the examination this fee shall be good for a period of one year during which a re-examination may be taken. Checks for examination fees shall be made payable to the state treasurer.

**AMENDATORY SECTION** (Amending Order No. 74-37, filed November 8, 1974)

WAC 296-104-060 ADMINISTRATION — COMMISSIONS. Upon the request of any company authorized to insure and insuring against loss from explosion of boilers and pressure vessels in this state, or upon the request of any company operating pressure vessels in this state a commission as a special inspector and an identifying Commission Card shall be issued by the chief inspector, to any inspector actively engaged in boiler or pressure vessel inspection in this state who is in the employ of such company provided the inspector has successfully passed the written examination and holds a Certificate of Competency as set forth in WAC 296-104-050. The fee for the commission is \$25.00. Commissions issued to inspectors in the employ of such companies shall be held at the home office of the employing company. Identifying Commission Cards shall be carried by inspectors while inspecting and shall be valid for no longer than one year and may be renewed annually at the request of the employing company for a fee of \$10.00. The commission and the identifying Commission Card shall be returned at once to the chief inspector when the inspector to whom the commission was issued is no longer in its employ, or at the request of the chief inspector. The Certificate of Competency and commission issued to such inspector may be suspended by the director and may be revoked upon ten days notice to the inspector and to the employer of such inspector for incompetency or untrustworthiness; for wilful falsification of any matter or statement contained in his application, or in the report of any inspection; or for other application, or in the report of any inspection; or for other sufficient reason; but in the case of a Certificate of Competency, the holder thereof shall be entitled to a hearing before the board prior to the revocation of said Certificate of Competency. A person whose commission has been suspended or revoked, except for untrustworthiness shall be entitled to apply to the board for reinstatement or, in the case of a revocation, for a new examination and commission after ninety days from such revocation; and in all cases, such person shall be entitled to an appeal as provided in RCW 70.79.190.

Reviser's note: RCW 34.04.058 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 Order No. 82-2, filed February 4, 1982)

WAC 296-104-200 INSPECTION OF SYSTEMS — STANDARD FOR NEW CONSTRUCTION. The standard for new construction (~~shall be~~) is the 1980 edition of the ASME Boiler and Pressure Vessel code and ANSI B31.3 for oil and chemical plants and ANSI B31.1 for other non-nuclear construction with all addenda made thereto (~~(prior to January 1, 1982)~~) November 1, 1982. The 1980 code as applicable may be used on and after the date of issue and becomes mandatory twelve months after adoption by the Board as defined in (~~paragraph (2) of~~) RCW 70.79.050(2). The Board recognizes that the ASME code states that new editions of the code become mandatory on issue and that subsequent addenda become mandatory six months after the date of issue. Also, in circumstances such as nuclear systems the time period for addenda becoming mandatory is defined in the Code of Federal Regulations. (~~Note: Editions of the ASME Code including semiannual addenda will be adopted in accordance with the Administrative Procedures Act. Check with the Office of the Chief Boiler Inspector for the current code date.~~)

**AMENDATORY SECTION** (Amending Order No. 77-23, filed November 8, 1977)

WAC 296-104-700 INSPECTION FEES — CERTIFICATE FEES — EXPENSES — SCHEDULES. The following fees shall be paid by, or on behalf of, the owner or user(;) upon completion of inspection.

The following inspection charges include the certificate fee, when applicable, and apply to inspections made by (~~deputy~~) inspectors employed by the state:

((Inspections:))

Heating Boilers:	Internal	External
Cast Iron — All Sizes	<del>((20.00))</del> 25.00	20.00
All other boilers less than 500 sq. ft.	<del>((20.00))</del> 30.00	<del>((15.00))</del> 20.00
500 sq. ft. to 2500 sq. ft.	<del>((35.00))</del> 50.00	<del>((20.00))</del> 25.00
Each additional 2500 sq. ft. of total heating surface, or any portion thereof	<del>((10.00))</del> 20.00	<del>((5.00))</del> 10.00
Power Boilers:	Internal	External
Less than 100 sq. ft.	<del>((15.00))</del> 25.00	<del>((15.00))</del> 20.00
100 sq. ft. to less than 500 sq. ft.	<del>((20.00))</del> 30.00	<del>((15.00))</del> 20.00
500 sq. ft. to 2500 sq. ft.	<del>((35.00))</del> 50.00	<del>((20.00))</del> 25.00
Each additional 2500 sq. ft. of total heating surface, or any portion thereof	<del>((10.00))</del> 20.00	<del>((5.00))</del> 10.00
Pressure Vessels:		
Automatic Utility Hot Water	<del>((10.00))</del> 12.00	
Supply Heaters per RCW 70.79.090 All other Pressure Vessels Square feet shall be determined by multiplying the length of the shell by its diameter	Internal	External
Less than 15 sq. ft.	<del>((15.00))</del> 20.00	15.00
15 sq. ft. to less than 50 sq. ft.	<del>((20.00))</del> 30.00	15.00
50 sq. ft. to 100 sq. ft.	<del>((25.00))</del> 35.00	20.00
For each additional 100 sq. ft. or any portion thereof	<del>((5.00))</del> 10.00	5.00

Certificate of Inspection fees: The certificate fee is included in the inspection charge when inspected by the state.

For objects inspected by a special inspector employed by an authorized insurance company or user owner, the Inspection Certificate fee (~~shall be \$5.00~~) is \$10.00 per object.

Non-nuclear Shop Inspections, Field Construction Inspections, Special Inspection Services:

<del>((One-half day—Not to exceed 3 hours</del>	65.00
<del>One full day—Not to exceed 6 hours</del>	110.00
<del>In excess of 6 hours on-site</del>	35.00 per hour, or any portion thereof)

<u>For each hour or part of an hour up to 8 hours</u>	30.00
<u>For each hour or part of an hour in excess of 8 hours</u>	45.00

Nuclear Shop Inspections, Nuclear Field Construction Inspections, and Nuclear Triennial Shop Survey/Audit

<u>For each hour or part of an hour up to 8 hours</u>	45.00
<u>For each hour or part of an hour in excess of 8 hours</u>	70.00

Non-Nuclear Triennial Shop Survey/Audit

<u>When State is Authorized Inspection Agency</u>	
<u>For each hour or part of an hour up to 8 hours</u>	30.00
<u>For each hour or part of an hour in excess of 8 hours</u>	45.00

<u>When Insurance Company is Authorized Inspection Agency</u>	
<u>For each hour or part of an hour up to 8 hours</u>	45.00
<u>For each hour or part of an hour in excess of 8 hours</u>	70.00

## Expenses shall include:

((Travel: \$7.50 per hour, plus \$1.15 per mile driven, or \$7.50 per hour, plus actual cost of purchased transportation. Hourly travel charges shall not exceed \$75.00 for any 24-hour period.))

Travel time: Travel time shall be charged for at the same rate as the respective Shop Inspection/Field Construction Inspection or Survey/Audit above.

Mileage: A charge of 20¢/mile or the cost of actual purchased transportation.

Hotel and meals: Actual cost.

Reinspection Fee: Same as the fee for the previous inspection during which discrepancies were reported, but only if the discrepancies have not been corrected before the reinspection. The fee may not exceed \$25.00.

Washington State Specials: For each vessel to be considered by the Board of Boiler Rules for a Washington State Special Number, a fee of \$300.00 must be paid before the Board meets to consider the vessel. The Board may, at its discretion, prorate this fee when a number of vessels, essentially the same, are considered.

## WSR 82-20-014

## EMERGENCY RULES

## DEPARTMENT OF AGRICULTURE

[Order 1772—Filed September 28, 1982]

I, M. Keith Ellis, director of the Department of Agriculture, do promulgate and adopt at Olympia, Washington, the annexed rules relating to the application of endrin in apple orchards in Washington.

I, M. Keith Ellis, Director of Agriculture, find that an emergency exists and that the foregoing order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting such emergency is the use of endrin in Washington orchards has been shown to present possible hazard to wildlife. It is necessary that these regulations be in effect prior to the November application period in order to provide additional protection to wildlife in the application areas.

Such rules are therefore adopted as emergency rules to take effect upon filing with the code reviser.

This rule is promulgated pursuant to chapters 17.21 and 15.58 RCW and is intended to administratively implement that statute.

The undersigned hereby declares that he has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) or the Higher Education Administrative Procedure Act (chapter 28B.19 RCW), as appropriate, and the State Register Act (chapter 34.08 RCW).

APPROVED AND ADOPTED September 28, 1982

By M. Keith Ellis  
Director

NEW SECTION

WAC 16-228-235 *ENDRIN APPLICATION TO APPLE ORCHARDS.* (1) All references to endrin in

WAC 16-228-010 through WAC 16-228-230 shall apply: PROVIDED, That when there is a conflict WAC 16-228-235 through WAC 16-228-265 shall prevail.

(2) Applications of endrin shall not be made to an apple orchard in the state of Washington until the orchard has been checked by a licensed pest control consultant to determine that there is a need for meadow vole control after the following criteria have been met:

(a) There is proof of meadow vole activity. This must be measured by some type of population level monitoring technique, i.e., number of meadow voles per tree or amount of visible feeding on apples on ground, or there is documentation indicating there has been a problem of meadow vole populations migrating into the orchard from bordering lands after snowfall;

(b) The use of alternative rodenticides has not been effective;

(c) Proper cultural and Integrated Pest Management practices have been followed such as mowing of cover crop and weed control around trees;

(d) The application will not become a point source of contamination of streams, rivers, ponds or lakes because of close proximity or direct surface drainage to these bodies of water.

NEW SECTION

WAC 16-228-240 *WRITTEN RECOMMENDATION - LICENSED CONSULTANT.* The licensed pest control consultant shall prepare a written recommendation which shall contain documentation of the above listed criteria and the following:

(a) Name and address of the grower;

(b) address or location of orchard;

(c) number of acres to be treated;

(d) number of trees per acre;

(e) amount of endrin needed to treat the orchard;

(f) rate of application;

(g) any special precautions of which the orchardist should be made aware.

Two copies of this recommendation must be given to the grower, one copy sent to the Department of Agriculture within seven days after the recommendation was made, and one copy to be retained by the consultant.

NEW SECTION

WAC 16-228-245 *DISTRIBUTION - DEALER RECORDS.* (1) Endrin shall be distributed for meadow vole control only by a licensed pesticide dealer to certified applicators or their duly authorized representative. A copy of the written recommendation must be presented to the dealer before the endrin is delivered.

(2) Licensed dealers shall keep records on each sale of endrin which shall include the following:

(a) Name and address of the certified applicator;

(b) applicator or operator certificate or license number;

(c) name of authorized agent;

(d) date of purchase;

(e) brand name and Environmental Protection Agency registration number;

(f) amount sold.

(3) Pesticide dealers shall keep the written recommendations and dealer records for a period of two years from the date of distribution and the director shall have access to these records upon request.

**NEW SECTION**

WAC 16-228-250 APPLICATION RESTRICTIONS (1) The application of endrin shall be restricted to a swath of four feet on each side of the apple tree row. Application shall be made only with ground equipment that is designed to restrict the spray to the four-foot swath with a minimum of drift. Spray pressure shall not exceed 50 psi: PROVIDED, That when a drift control agent has been added to the spray mixture, the spray pressure shall not exceed 75 psi.

(2) Applications shall not be made if the wind velocity is more than five miles per hour from any direction.

(3) Endrin shall not be applied to a snow cover.

**NEW SECTION**

WAC 16-228-255 POSTING REQUIREMENTS. (1) Orchards sprayed with endrin must be posted with signs for a period of not less than thirty days from the date of application with the words "POISON - KEEP OUT" printed in both English and Spanish in letters large enough to be legible at the distance of thirty feet. The sign also shall contain the statement "Area sprayed with endrin".

(2) The signs shall be posted so as to be readily visible from any possible point of entry into the orchard.

(3) Workers shall be notified that there shall not be reentry into the orchard for thirty days after the application unless rubber boots are worn.

**NEW SECTION**

WAC 16-228-260 PERMIT. A special permit shall be obtained by the grower from the Washington State Department of Agriculture to:

(a) Make an application of endrin after November 30;  
 (b) make an application of endrin to any one orchard for two consecutive years;

(c) allow border applications of endrin to exceed the four-foot swath limit after evidence of renewable infestation from bordering lands has been documented by a licensed pest control consultant.

**NEW SECTION**

WAC 16-228-265 APPLICATOR RECORDS. (1) The applicator must keep records on the use of endrin which shall include the following:

- (a) Name and address of grower;
- (b) location or address of orchard treated;
- (c) date of application;
- (d) number of acres treated;
- (e) amount of endrin used;
- (f) type of equipment used;
- (g) meadow vole population threshold criteria used;
- (h) name of licensed consultant making recommendation;

(i) cultural practices and other rodenticides used prior to the use of endrin;

(j) name of person or firm who supplied the endrin which was applied;

(k) disposal method for empty containers and spray tank residues.

(2) The records shall be made available to the director upon request.

**WSR 82-20-015**

**ADOPTED RULES**

**COMMISSION ON**

**ASIAN-AMERICAN AFFAIRS**

[Order 82-1—Filed September 28, 1982]

Be it resolved by the Washington State Commission on Asian-American Affairs, acting at the Asia Bush Hotel, 621 South Jackson (Mtg. Rm. B), Seattle, WA, that it does promulgate and adopt the annexed rules relating to organization and operation of the commission, commission meetings, petitions for rule-making action, communications with the commission, and public records disclosure.

This action is taken pursuant to Notice Nos. WSR 82-10-051 and 82-15-043 filed with the code reviser on May 4, 1982 and July 15, 1982. Such rules shall take effect pursuant to RCW 34.04.040(2).

These rules are promulgated pursuant to RCW 34.04.020, 34.04.060, 42.17.250, 42.17.260 and 42.30.070 and are intended to administratively implement those statutes as required therein.

The undersigned hereby declares that he has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) or the Higher Education Administrative Procedure Act (chapter 28B.19 RCW), as appropriate, and the State Register Act (chapter 34.08 RCW).

APPROVED AND ADOPTED September 18, 1982.

By Ray Corpuz, Jr.  
 Chairman

Chapter 34-02  
**GENERAL PROVISIONS**

WAC

- 34-02-010 Organization and Operation of the Commission on Asian-American Affairs
- 34-02-020 Commission Meetings
- 34-02-030 Petitions for Rule Making Action
- 34-02-040 Communications with the Commission

**NEW SECTION**

WAC 34-02-010 ORGANIZATION AND OPERATION OF THE COMMISSION ON ASIAN-AMERICAN AFFAIRS. (1) The Commission on Asian-American Affairs, hereinafter referred to as the commission, is a commission in the office of the governor established by RCW 43.117.030. The commission exists

to improve the well-being of Asian-Pacific Americans by helping to insure their participation in the fields of government, business and education, and to aid Asian-Pacific Americans in obtaining governmental services in order to promote the health, safety and welfare of all residents of this state. The duties and responsibilities of the commission are more particularly described in chapter 43.117 RCW. The twelve (12) members of the commission are appointed by the governor.

(2) All basic policy decisions are made by the commission at its regular and special meetings. To assist in policy formulation, and to otherwise assist in carrying out its various duties and responsibilities, the commission has an executive director, appointed by the governor based on commission recommendations, a staff hired by the executive director, and three standing committees comprised of commission members. The committees are:

- (a) the executive committee, which is responsible for conducting certain commission business and for undertaking specific tasks delegated by the commission;
- (b) the nominations committee, which is responsible for developing and implementing procedures by which to recommend commission and executive director appointees, and for such other tasks as may be delegated by the commission; and
- (c) the public relations committee, which is responsible for reviewing major news releases and other information designed to increase the public's knowledge of the commission or Asian-Pacific Americans.

Other committees may be formed at any time by the commission for the purpose of addressing various issues affecting Asian-Pacific Americans.

(3) The commission maintains a central administrative office at 1515 South Cherry, Olympia, Washington, 98504, and a field office at 671 South Jackson, Suite 206, Seattle, Washington, 98104.

NEW SECTION

**WAC 34-02-020 COMMISSION MEETINGS.**

(1) Regular meetings of the commission are held on the third Saturday of January, March, June, September and November. Notice of the time and place of the regular meetings will be published annually in the January edition of the Washington state register. A copy of the schedule of regular meetings may also be obtained upon request from the commission.

(2) Special meetings of the commission may be called at any time by the chairperson of the commission or by a majority of the commission members. Notice of such meetings will be as provided by law.

(3) In addition to the meeting notices specified above, the commission staff will publicize information about all commission meetings in the communities in which the meetings are to be held.

NEW SECTION

**WAC 34-02-030 PETITIONS FOR RULE MAKING ACTION.** (1) Any interested person may petition the commission requesting the promulgation, amendment or repeal of any rule. The petition may be in

any form, so long as the following information is contained therein:

- (a) Name and address of the person, organization or corporation requesting the promulgation, amendment or repeal of the rule. If the request is being made by an organization or corporation, the name of a designated individual for contact must be provided.
- (b) Text or substance of the proposed rule or amendment, or specific reference to the appropriate rule in cases where repeal is requested.
- (c) Full explanation for the requested promulgation, amendment or repeal of rules.

(2) Within thirty (30) days after submission of a petition, or at the next meeting of the commission if the commission does not meet within thirty (30) days, the commission will formally consider the petition and shall, within thirty (30) days thereafter, either deny the petition in writing (stating reasons for the denial) or initiate rule-making proceedings in accordance with chapter 34.04 RCW (Administrative Procedure Act).

NEW SECTION

**WAC 34-02-040 COMMUNICATIONS WITH THE COMMISSION.** Any and all written communications with the commission, including but not limited to requests for information or copies of agency records, or submittals of any nature, shall be addressed to the Commission on Asian-American Affairs, in care of the executive director, at either the commission's Olympia or Seattle office. The address for each office appears in WAC 34-02-010(3).

Chapter 34-04  
**PUBLIC RECORDS**

**WAC**

34-04-010	Purpose
34-04-020	Definitions
34-04-030	Public Records Available
34-04-040	Public Records Officer
34-04-050	Records Index
34-04-060	Office Hours
34-04-070	Requests for Public Records
34-04-080	Copying
34-04-090	Exemptions
34-04-100	Review of Denials of Public Records Requests
34-04-120	Adoption of Form

NEW SECTION

**WAC 34-04-010 PURPOSE.** The purpose of this chapter shall be to insure compliance by the Commission on Asian-American Affairs with the provisions of chapter 1, Laws of 1973, Initiative Measure No. 276, and in particular sections 25 through 32 of that act, now codified as RCW 42.17.250 through RCW 42.17.320, concerning disclosure of public records.

NEW SECTION

**WAC 34-04-020 DEFINITIONS.** The following definitions shall apply to this chapter: (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 the commission regardless of physical form or characteristics.

(2) "Writing" means handwriting, typewriting, printing, photostating and every other means of recording any form of communication or representation, including letters, words, pictures, sounds, symbols, or combinations thereof, and all papers, maps, magnetic or paper tapes, photographic films and prints, magnetic or punched cards, discs, drums and other documents.

(3) "Commission" means the Commission on Asian-American Affairs, created pursuant to chapter 43.117 RCW, and shall also refer to the commission's executive director and staff, where appropriate.

#### NEW SECTION

**WAC 34-04-030 PUBLIC RECORDS AVAILABLE.** All public records of the commission are deemed to be available for public inspection and copying, except as otherwise provided by RCW 42.17.260, 42.17.310, as now and/or hereafter amended, and by WAC 34-04-090.

#### NEW SECTION

**WAC 34-04-040 PUBLIC RECORDS OFFICER.** The commission's executive director shall be the public records officer for the commission. The public records officer shall be responsible for implementation of the commission's rules and regulations regarding inspection and copying of public records, and for insuring compliance by the staff with the public records disclosure requirements of chapter 42.17 RCW.

#### NEW SECTION

**WAC 34-04-050 RECORDS INDEX.** The commission will make available to any person upon request a current index which provides identifying information as to the following records:

(a) Final opinions, including concurring and dissenting opinions, as well as orders, made in the adjudication of cases;

(b) Those statements of policy and interpretations of policy, statutes and regulations which have been adopted by the commission;

(c) Administrative staff manuals and instructions to staff that affect a member of the public;

(d) Planning policies and goals, and interim and final planning decisions;

(e) 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; and

(f) Correspondence, and materials referred to therein, by and with the commission relating to any regulatory, supervisory or enforcement responsibilities of the commission, whereby the commission determines, or opines upon, or is asked to determine or opine upon, the rights

of the state, the public, a subdivision of state government, or of any private party.

(2) The current index promulgated by the commission shall be available to all persons under the same rules and on the same conditions as are applied to public records available for inspection and copying.

(3) Identifying information contained in the index will indicate in which of the commission's offices the public record is kept.

#### NEW SECTION

**WAC 34-04-060 OFFICE HOURS.** Public records shall be available for inspection and copying during normal office hours. For purposes of this chapter, normal office hours shall be from 9:00 a.m. to noon and from 1:00 p.m. to 4:00 p.m., Monday through Friday, excluding legal holidays.

#### NEW SECTION

**WAC 34-04-070 REQUESTS FOR PUBLIC RECORDS.** In accordance with the requirements of chapter 42.17 RCW that agencies prevent unreasonable invasions of privacy, and to protect public records from damage or disorganization, and to prevent excessive interference with essential functions of the commission, public records may be inspected or copied, or copies of such records may be obtained by members of the public, upon compliance with the following procedures:

(1) A request shall be made in writing upon a form prescribed by the commission which shall be available at either of its offices. The form shall be presented to the public records officer, or to any member of the commission's staff, if the public records officer is not available, at either commission office during normal office hours. The request shall include the following information:

(a) the name, address, and organization represented, if any, of the person requesting the record;

(b) the time of day and calendar date on which the request was made;

(c) The nature of the request;

(d) If the matter requested is referred to within the current index maintained by the records officer, a reference to the requested record as it is described in such current index;

(e) If the requested matter is not identifiable by reference to the commission's current index, an appropriate description of the record requested.

(2) In all cases in which a member of the public is making a request, it shall be the obligation of the public records officer or staff member to assist the member of the public in appropriately identifying the public record requested.

#### NEW SECTION

**WAC 34-04-080 COPYING.** No fee shall be charged for the inspection of public records. The commission shall charge a fee of \$.25 per page for providing copies of public records and for use of the commission's copy equipment. This charge is the amount necessary to reimburse the commission for its actual costs incident to such copying.

**NEW SECTION**

WAC 34-04-090 EXEMPTIONS. (1) The commission reserves the right to determine that a public record requested in accordance with the procedures outlined in WAC 34-04-070 is exempt from disclosure under the provisions of RCW 42.17.260 and 42.17.310.

(2) Pursuant to RCW 42.17.260, the commission reserves the right to delete identifying details when it makes available or publishes any public record, in any case where there is reason to believe that disclosure of such details would be an invasion of personal privacy protected by chapter 42.17 RCW. The public records officer will fully justify such deletion in writing.

(3) All denials of requests for public records shall be accompanied by a written statement specifying the reason for the denial.

**NEW SECTION**

WAC 34-04-100 REVIEW OF DENIALS OF PUBLIC RECORDS REQUESTS. (1) Any person who objects to the denial of a request for public records may petition for prompt review of such decision by submitting 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) Following receipt of a written request for review of a decision denying a request for public records, the public records officer or other authorized staff member denying the request shall refer it to the chairperson of the commission. The chairperson, or designee, shall immediately consider the matter and either affirm or reverse such denial. The request shall be returned with the final decision, within two business days following the original denial.

(3) Administrative remedies shall not be considered exhausted until the request has been returned with a decision or until the close of the second business day following denial of inspection, whichever occurs first.

**NEW SECTION**

WAC 34-04-110 PROTECTION OF PUBLIC RECORDS. In order to properly protect the public records in the custody of the commission, the following guidelines shall be adhered to by any person inspecting such public records:

(1) No public records shall be removed from the offices of the commission;

(2) Inspection of any public records shall be conducted in the presence of a designated commission employee;

(3) No public records may be marked or defaced in any manner during inspection;

(4) Public records which are maintained in a filed jacket, or in a chronological order, may not be dismantled except for purposes of copying and then only by a designated employee of the commission;

(5) Access to file cabinets, shelves, vaults, etc., is restricted to commission personnel.

**NEW SECTION**

WAC 34-04-120 ADOPTION OF FORM. The commission hereby adopts for use by all persons requesting inspection or copying of its records, the form set out below, entitled "Request for Public Records."

We have received your request for copies of our public records. Please complete the attached form and return it with the proper payment to the address below. We will forward to you those requested copies which are not exempt from disclosure when we receive this form. Thank you.

Return to:

Commission on Asian-American Affairs  
c/o Executive Director  
1515 South Cherry  
Olympia, WA 98504

or

671 South Jackson, Suite 206  
Seattle, WA 98104

**REQUEST FOR PUBLIC RECORDS**

Date \_\_\_\_\_ Time \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Description of Records \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information obtained through this request for public records will not be used for commercial purposes.

\_\_\_\_\_  
Signature

Number of Copies \_\_\_\_\_  
Number of pages \_\_\_\_\_  
Per page charge \$.25  
Total charge \$\_\_\_\_\_

**WSR 82-20-016  
EMERGENCY RULES  
DEPARTMENT OF FISHERIES  
[Order 82-145—Filed September 28, 1982]**

I, Rolland A. Schmitten, director of the Department of Fisheries, do promulgate and adopt at Olympia, Washington, the annexed rules relating to personal use rules.

I, Rolland A. Schmitten, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is permanent regulations cover effected area and the emergency regulation is unnecessary.

These rules are therefore adopted as emergency rules to take effect upon filing with the code reviser.



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