CODE REVISER USE ONLY

EXPEDITED RULE MAKING

CR-105 (December 2017) (Implements RCW 34.05.353)

OFFICE OF THE CODE REVISER STATE OF WASHINGTON **FILED**

DATE: December 20, 2024

TIME: 8:45 AM

WSR 25-02-043

Agency: Departm	nent of Social and Heal	th Services, Economic Services Administration	
	substance use affect n	mation: (describe subject) The Department is proposiny eligibility for the aged, blind, or disabled (ABD) cash	•
		pated effects, including any changes in existing ru or without changing the effect of the rule.	les: These housekeeping
	sed rules only correct t	amendments meet the criteria for expedited adoption a ypographical errors, make address or name changes,	
•		74.04.005, 74.04.050, 74.04.0052, 74.04.055, 74.04.0 043, 74.08.090, 74.08.335, 74.08A.100, 74.62.005, 74.	
Statute being im	plemented:		
ls rule necessary	/ because of a:		
Federal Lav			\square Yes \boxtimes No
	urt Decision?		☐ Yes ⊠ No
State Court If yes, CITATION:			□ Yes ⊠ No
Name of propon	ent: (person or organiza	ation) Department of Social and Health Services	□ Private□ Public⊠ Governmental
Name of agency	personnel responsibl	e for:	
	Name	Office Location	Phone
Drafting:	Sarah Mintzer	PO Box 45470, Olympia WA 98504-5470	360-764-0050
Implementation:	Sarah Mintzer	PO Box 45470, Olympia WA 98504-5470	360-764-0050
Enforcement:	Sarah Mintzer	PO Box 45470, Olympia WA 98504-5470	360-764-0050
Agency commen matters: None	ts or recommendatio	ns, if any, as to statutory language, implementation	n, enforcement, and fiscal

Expedited Adoption - Which of the following criteria was	used by the agency to file this notice:			
☐ Relates only to internal governmental operations that are	not subject to violation by a person;			
☐ Adopts or incorporates by reference without material char rules of other Washington state agencies, shoreline master postatewide significance, or, as referenced by Washington state standards, if the material adopted or incorporated regulates the incorporating rule;	rograms other than those programs governing shorelines of a law, national consensus codes that generally establish industry			
□ Corrects typographical errors, make address or name cha	nges, or clarify language of a rule without changing its effect;			
☐ Content is explicitly and specifically dictated by statute;				
 ☐ Have been the subject of negotiated rule making, pilot rule making, or some other process that involved substantial participation by interested parties before the development of the proposed rule; or ☐ Is being amended after a review under RCW 34.05.328. 				
Expedited Repeal - Which of the following criteria was us	ed by the agency to file notice:			
☐ The statute on which the rule is based has been repealed statutory authority for the rule;	and has not been replaced by another statute providing			
 ☐ The statute on which the rule is based has been declared judgment, and no statute has been enacted to replace the un ☐ The rule is no longer necessary because of changed circu 	constitutional statute; ımstances; or			
☐ Other rules of the agency or of another agency govern the				
Explanation of the reason the agency believes the expedited rule-making process is appropriate pursuant to RCW 34.05.353(4): These amendments update typographical error(s) of a rule without changing its effect.				
NOTICE				
THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, ISTATEMENT, OR PROVIDE RESPONSES TO THE CRITER OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKIN WRITING AND THEY MUST BE SENT TO	PREPARE A SMALL BUSINESS ECONOMIC IMPACT			
Name: Katherine I. Vasquez, Rules Coordinator Agency: Department of Social and Health Services Address: PO Box 45850, Olympia WA 98504 Phone: (360) 664-6097 Fax: (360) 664-6185 Email: DSHSRPAURulesCoordinator@dshs.wa.gov				
Other:				
AND RECEIVED BY (date) 5:00 p.m. on March 4, 2025				
Date: December 20, 2024	Signature:			
Name: Katherine I. Vasquez	Martine I. Varges			
Title: DSHS Rules Coordinator				

- WAC 388-449-0220 How does substance use affect my eligibility for the aged, blind, or disabled (ABD) cash and pregnant women assistance (PWA) programs? (1) For purposes of ABD, you must complete a substance use disorder assessment when we have information that indicates you may have a substance use disorder.
- (2) For purposes of PWA, you must complete a substance use disorder assessment when we have information that indicates you may have a substance use disorder.
- (3) You must participate in substance use disorder treatment if a certified substance use disorder professional indicates a need for treatment, unless you have good cause. Good cause includes, but is not limited to, the following reasons:
- (a) We determine that your physical or mental health impairment prevents you from participating in treatment.
- (b) The outpatient substance use disorder treatment you need isn't available in the county you live in.
- (c) You need inpatient substance use disorder treatment at a location that you can't reasonably access.
- (d) You are a parent or other relative personally providing care for a minor child or an incapacitated individual living in your household, child care or day care is necessary for you to participate in substance use disorder treatment, and such care is not available.
- $((\frac{3}{3}))$ <u>(4)</u> If you refuse or do not complete an assessment or treatment without good cause, your benefits will end until you provide proof you are pursuing an assessment or treatment as required.

[1] SHS-5068.1