

(2) Order of presentation of evidence.

(a) Unless a party requests the opportunity to present testimony concerning alleged irregularities in procedure not revealed by the records of the office of rehabilitation review, the hearing shall be conducted by an industrial appeals judge initially reviewing for the recorded proceedings the records of the office of rehabilitation review and admitting such documents as are material, relevant and germane to the issues raised by the appeal.

(b) If a party requests the opportunity to present testimony concerning irregularities in procedure not revealed by the records of the office of rehabilitation review, and such request is granted by the industrial appeals judge, the requesting party shall produce all evidence in support of his or her position.

(c) After the party with the initial burden has presented his evidence, the other parties may then introduce evidence in rebuttal. In the event there is more than one other party, they may either present their evidence successively or may join in their presentation. Surrebuttal may be presented in the discretion of the industrial appeals judge.

(d) In the discretion of the industrial appeals judge and upon request of the worker or the employer, oral argument may be permitted or additional written information may be received and admitted in evidence concerning the matter in dispute.

(3) Objections and motions to strike. Objections to the admission or exclusion of evidence shall be in short form, stating the legal grounds of objection relied upon. Extended argument or debate shall not be permitted.

(4) Rulings. The industrial appeals judge, on objection or on his or her own motion shall exclude all irrelevant or unduly repetitious evidence or which does not pertain to the matter of law in contest. All rulings upon objections to the admissibility of evidence shall be made in accordance with chapter 34.04 RCW.

(5) Recessed hearings. Where, for good cause, all parties to an appeal are unable to present all their evidence at the time and place originally set for hearing, the industrial appeals judge may recess the hearing to the same or a different location so as to insure that all parties have reasonable opportunity to present their respective cases: *Provided*, That the hearing shall not be continued to a date later than thirty days from the date of receipt of:

(a) The notice of appeal from the aggrieved party; or

(b) A legible copy of the records of the office of rehabilitation review, whichever is later. No written "notice of hearing" shall be required as to any recessed hearing. [Statutory Authority: RCW 51.41.060(4) and 51.52.020. 83-01-001 (Order 12), § 263-16-070, filed 12/2/82.]

**WAC 263-16-080 Final decision and orders in vocational rehabilitation appeals.** In appeals filed pursuant to RCW 51.41.060, a panel of at least two board members shall, within thirty days of closing the hearing proceedings render a final decision and order which shall be

in writing and shall contain conclusions of law, and if applicable, findings of fact, as well as the board's order based thereon.

A copy of the decision and order shall be mailed to each party to the appeal and to his attorney or representative of record. [Statutory Authority: RCW 51.41.060(4) and 51.52.020. 83-01-001 (Order 12), § 263-16-080, filed 12/2/82.]

**WAC 263-16-090 Appeals to superior court from final orders in vocational rehabilitation appeals--Certification of record.** Upon receipt of a copy of notice of appeal to superior court from a board order, served upon the board by the appealing party pursuant to RCW 34.04.130, the secretary shall transmit a certified copy of the entire record made before the board to the reviewing court. Copies of such record (except the exhibits) shall be furnished to all parties to the proceedings before the board. [Statutory Authority: RCW 51.41.060(4) and 51.52.020. 83-01-001 (Order 12), § 263-16-090, filed 12/2/82.]

Title 275 WAC

DEPARTMENT OF SOCIAL AND HEALTH SERVICES (INSTITUTIONS)

Chapters

- 275-16 Liability for costs of care and hospitalization of the mentally ill.
- 275-19 Alcoholism treatment facilities.
- 275-20 Costs of care of mentally deficient persons residing in state institutions.
- 275-25 County plan for mental health, drug abuse, developmental disabilities, alcoholism.
- 275-27 Bureau of developmental disabilities services and home aid resources rules.
- 275-38 IMR program and reimbursement system.
- 275-39 Medically fragile children's facilities.
- 275-40 Annual inspection of all jails and detention facilities by the director of institutions or his designee.
- 275-52 Institutional industries commission hearings--Sale of products.
- 275-55 Voluntary admission--Involuntary commitment, treatment and/or evaluation of mentally ill persons.
- 275-92 Adult correctional institutions--Release programs--Work training.
- 275-93 Adult correctional institutions--Release programs--Furlough.
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**Chapter 275-16 WAC  
LIABILITY FOR COSTS OF CARE AND  
HOSPITALIZATION OF THE MENTALLY ILL**

WAC

275-16-010	Authority.
275-16-015	Definitions.
275-16-030	Schedule of charges.
275-16-035	Available assets of estate of patients and responsible relatives.
275-16-040	Repealed.
275-16-055	Notice of finding of responsibility (NFR).
275-16-065	Determination of liability.
275-16-075	Unusual and exceptional circumstances.
275-16-085	Other pertinent factors.
275-16-095	Failure to cooperate with department.
275-16-105	Petition for review.

**DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER**

275-16-040 Factors in determining ability to pay. [Statutory Authority: RCW 72.01.090. 78-03-029 (Order 1270), § 275-16-040, filed 2/17/78; Order 1, § 275-16-040, filed 2/23/68; Emergency Rules (part), filed 1/26/68, 10/24/67, 8/2/67, and 7/28/67.] Repealed by 81-08-020 (Order 1627), filed 3/25/81. Statutory Authority: RCW 81.02.412[71.02.412].

**WAC 275-16-010 Authority.** The following rules regarding hospitalization charges are hereby adopted under the authority of Title 71 RCW. [Statutory Authority: RCW 81.02.412 [71.02.412]. 81-08-020 (Order 1627), § 275-16-010, filed 3/25/81. Statutory Authority: RCW 72.01.090. 78-03-029 (Order 1270), § 275-16-010, filed 2/17/78; Order 1, § 275-16-010, filed 2/23/68; Emergency Rules (part), filed 1/26/68, 10/24/67, and 8/2/67.]

**WAC 275-16-015 Definitions.** (1) "Adjusted charges" are those charges levied upon a patient who is or has been confined to a state hospital for the mentally ill, either by voluntary or involuntary admission, and their estates and responsible relatives, which are less than the actual cost of hospitalization as reflected in the schedule of charges herein and which has been established by the issuance of a notice of finding of responsibility.

(2) "Adjusted gross income" is that gross income of the estate of the patient and responsible relatives less any deductions, contributions or payments mandated by law including, but not necessarily limited to, income tax and social security.

(3) "Dependent" means any spouse, minor son or daughter, or permanently disabled son or daughter, of the patient living in the patient's household. If the patient is a minor, then the same definitions shall apply in determining the dependency of members of the parent's household. If a minor son or daughter is not living in the patient's household, that son or daughter shall not be considered a dependent unless the patient is in fact contributing more than fifty percent of that child's support in accordance with a court order or court-recognized agreement.

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

(5) "Determination officer" is that duly appointed and qualified claims investigator who is delegated authority by the secretary to conduct or cause to have conducted an investigation of the financial condition of the estate of the patient and responsible relatives; to evaluate the results of such investigations; to make determinations of the ability to pay hospitalization charges from such investigations and evaluations; and to issue notices of findings of responsibility to the responsible parties.

(6) "Estate of patient and responsible relative" means the total assets available to the patient and his responsible relatives to reimburse the department for hospitalization charges incurred by the patient in a state hospital for the mentally ill in accordance with these regulations.

(7) "Gross income" means the total assets available to the estate of the patient and responsible relatives expressed in terms of their cash equivalent on a monthly basis. It includes gross wages for service; net earnings from self-employment; and all other assets of the estate prior to any mandatory deductions.

(8) "Secretary" means the secretary of the department of social and health services. [Statutory Authority: RCW 81.02.412 [71.02.412]. 81-08-020 (Order 1627), § 275-16-015, filed 3/25/81.]

**WAC 275-16-030 Schedule of charges.** Hospitalization charges shall be due and payable on or before the tenth day of each calendar month for services rendered during the preceding month, based upon the following schedule:

**(1) COSTING AND BILLING RATES**

	Western State Hospital	Child Study and Treatment Center	Eastern State Hospital
<b>(a) INPATIENT SERVICES - Per diem</b>			
Hospital Costs	\$104.07	\$134.08	\$115.98
Physician Costs	3.63	6.82	6.07
Total	107.70	140.90	122.05
<b>(b) OUTPATIENT SERVICES - Per diem</b>			
Outpatient Day Care	—	33.52	—
<b>(c) ANCILLARY SERVICES - Per Relative Value Unit /<sup>1</sup></b>			
<b>Radiology:</b>			
Technical Component	4.50	4.50	4.58
Professional Component	1.38	1.38	.63
Total Radiology	5.88	5.88	5.21
<b>Pathology:</b>			
Technical Component	.32	.32	—
Professional Component	.10	.10	—
Total Pathology	.42	.42	.31
Medical Clinics	1.60	1.60	1.00
Electroencephalogram	2.22	2.22	8.17
Electrocardiogram	—	—	.35
Inhalation Therapy	—	—	7.37
Physical Therapy	1.65	1.65	1.72
Occupational Therapy	—	—	36.15
Speech Therapy	—	—	6.32
Dental	—	—	41.77
Podiatry	1.09	1.09	—

(2) Services required by the patient that cannot be provided by hospital staff are purchased from private sources and charged at actual cost.

<sup>1</sup>/California Medical Association. "Relative Value Studies." Fifth Edition. San Francisco: 693 Sutter Publication, Inc., 1969, 135 pp.

[Statutory Authority: RCW 71.02.412. 82-17-070 (Order 1866), § 275-16-030, filed 8/18/82; 80-06-087 (Order 1508), § 275-16-030, filed 5/28/80. Statutory Authority: RCW 72.01.090. 79-03-019 (Order 1372), § 275-16-030, filed 2/21/79; 78-03-029 (Order 1270), § 275-16-030, filed 2/17/78; Order 1190, § 275-16-030, filed 2/18/77; Order 1086, § 275-16-030, filed 1/15/76; Order 1002, § 275-16-030, filed 1/14/75; Order 947, § 275-16-030, filed 6/26/74; Order 812, § 275-16-030, filed 6/28/73; Order 14, § 275-16-030, filed 5/11/71; Order 6, § 275-16-030, filed 1/10/69; Order 1, § 275-16-030, filed 2/23/68; Emergency Rules (part), filed 1/26/68, 10/24/67, 8/2/67, and 7/28/67.]

**WAC 275-16-035 Available assets of estate of patients and responsible relatives.** (1) The department will include, but not necessarily be limited to, in their determination of the assets of the estates of present and former patients of state hospitals for the mentally ill and their responsible relatives, cash, stocks, bonds, savings, security interests, insurance benefits, guardianship funds, trust funds, governmental benefits, pension benefits and personal property.

(2) Real property shall also be an available asset to the estate: *Provided*, That the patient's home shall not be considered an available asset if that property is owned by the estate and serves as the principal dwelling and actual residence of the patient, the patient's spouse, and/or minor children and disabled sons or daughters: *Provided further*, That if the home is not being used for residential purposes by the patient, the patient's spouse, and/or minor children and disabled sons or daughters, and in the opinion of two physicians, there is no reasonable expectancy that the patient will be able to return to the home during the remainder of his life, the home shall be considered an asset available to the estate.

(3) In determining if a particular asset is available to the estate of a patient who is eligible or potentially eligible for Medicaid, the determination officer will apply the standards of WAC 388-92-045. [Statutory Authority: RCW 81.02.412 [71.02.412]. 81-08-020 (Order 1627), § 275-16-035, filed 3/25/81.]

**WAC 275-16-040 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-16-055 Notice of finding of responsibility (NFR).** The determination officer's assessment of the ability and liability of the estate to pay hospitalization charges shall be issued in the form of a notice of finding of responsibility, hereinafter referred to as an NFR, as prescribed by RCW 71.02.413. The NFR will be served upon those responsible parties as otherwise required by

law, will indicate the charges being assessed, and explain the procedure for appeal therefrom. When the NFR is for full hospitalization charges as specified in WAC 275-16-030, the financially responsible person will be informed of the current charges and that those charges are periodically recomputed by the department in accordance with RCW 71.02.410. When the NFR is for adjusted charges, those charges will be expressed in a daily rate. Charges for ancillary services will be set aside when the NFR is for adjusted charges. [Statutory Authority: RCW 81.02.412 [71.02.412]. 81-08-020 (Order 1627), § 275-16-055, filed 3/25/81.]

**WAC 275-16-065 Determination of liability.** (1) In determining the ability of the estate of the patient and responsible relative to pay hospitalization charges, first priority shall be given to any third party benefits which might be available. The availability of third party benefits, such as medical insurance, health insurance, Medicare, Medicaid, CHAMPUS, CHAMPVA, shall be considered as an available asset of the estate and shall justify a finding for actual costs of hospitalization during such period as the coverage is in effect.

(2) In the absence of third party benefits, charges shall be based upon the available assets of the estate giving consideration to any unusual and exceptional circumstances and other pertinent factors. No financial determination of the ability of the estate to pay hospitalization charges shall conflict with the eligibility requirements for Medicaid for those patients who are eligible or potentially eligible for such benefits.

(3) The ability of the estate to pay adjusted charges will be determined by applying the following formula:

$$X = (Z-E)F$$

$$\text{where } Z = (A-Y-N-R) \div D$$

Z = available income per family member

X = adjusted charges (daily)

A = gross income

Y = mandatory deductions

N = allowance for unusual and exceptional circumstances

R = allowance for other pertinent factors

D = number of dependents

E = exempt income

F = a factor which converts the monthly figures to a daily rate (.0328767).

All calculations are expressed in monthly terms except the final adjusted charge which is converted to a daily rate. All final figures are rounded out to the nearest cent.

(4) The adjusted gross income (A-Y) is determined by first developing the gross income of the estate. Gross income (A) includes not only gross wages for services rendered, and/or net earnings from self-employment, but all other available assets converted to some reasonable monthly figure. All mandatory deductions (Y), such as income tax and social security, are deducted from the gross income to arrive at the adjusted gross income.

(5) Approved allowances for unusual and exceptional circumstances (N) and for other pertinent factors (R) are then subtracted from the adjusted gross income.

(6) The available income (A-Y-N-R) is then divided by the number of dependents in the household of the patient (D) to determine the available income per family member.

(7) Exempt income (E) as defined in WAC 275-16-045 is then subtracted from the available income per family member to arrive at the monthly adjusted charges.

(8) The monthly adjusted charges are multiplied by the factor of .0328767 which converts the monthly figure to a daily rate. [Statutory Authority: RCW 81.02.412 [71.02.412]. 81-08-020 (Order 1627), § 275-16-065, filed 3/25/81.]

**WAC 275-16-075 Unusual and exceptional circumstances.** Unusual and exceptional circumstances for these purposes will cover those expenses other than usual or common; rare and extraordinary; that are of a medical nature and must be supplied to the patient for his health, medical or physical well being. Such expenses do not include those expenses that are reimbursable from insurance benefits or can be reasonably obtained from welfare agencies, health maintenance organizations, free clinics, or other free private or governmental sources. The existence and necessity of such unusual and exceptional circumstances must be attested to in writing, by the institution superintendent, that those expenses resulting therefrom are an integral part of the patient's treatment plan and that allowance for such circumstances is necessary for the medical and/or mental well-being of the patient. Upon such written certification, the resources necessary to meet the unusual and exceptional circumstances will not be considered as an asset available to the estate of the patient and responsible relatives for these purposes: *Provided*, That any such attestation by the institution superintendent must conform with the eligibility criteria of Medicaid if the patient is eligible or potentially eligible for such benefits. [Statutory Authority: RCW 81.02.412 [71.02.412]. 81-08-020 (Order 1627), § 275-16-075, filed 3/25/81.]

**WAC 275-16-085 Other pertinent factors.** In considering other pertinent factors in determining the ability of the estate of the patient and responsible relatives to pay, the determination officer may consider those factors related to the well-being, education and training, child support obligations set by court order or by administrative finding under chapter 74.20A RCW, and/or rehabilitation of the patient and his or her immediate family, to whom the patient owes a duty of support. The patient and/or responsible relatives must show the existence and the necessity for the pertinent factors as defined. Upon such a showing, the determination officer may consider such resources necessary to reasonably provide for such pertinent factors as assets not available to the estate of the patient and responsible relatives: *Provided*, That any allowance for other pertinent factors must not conflict with Medicaid eligibility

requirements for those patients who are eligible or potentially eligible for such benefits. [Statutory Authority: RCW 81.02.412 [71.02.412]. 81-08-020 (Order 1627), § 275-16-085, filed 3/25/81.]

**WAC 275-16-095 Failure to cooperate with department.** Any patient, former patient, guardian, or other responsible party or parties who, after diligent effort by the department, has been shown to have failed to cooperate with the financial investigation by the department; or fails to comply with, or ignores, departmental correspondence; or supplies false or misleading information; or willfully conceals assets or potential assets; will be subject to a determination by the department that the estate of the patient and responsible relatives has the ability to pay full hospitalization charges: *Provided*, That no person adjudged incompetent by a court of this state at the time of said investigation shall be penalized by his or her actions: *Provided further*, That such a finding of liability to pay full hospitalization charges shall in no way diminish the responsible party's right to appeal such a finding of responsibility. [Statutory Authority: RCW 81.02.412 [71.02.412]. 81-08-020 (Order 1627), § 275-16-095, filed 3/25/81.]

**WAC 275-16-105 Petition for review.** (1) After a finding of responsibility becomes final in accordance with RCW 71.02.413, the responsible party may petition for a review of such findings to the secretary. The petitioner must show a substantial change in the financial ability of the estate to pay the charges in a petition for review. The burden of proof of a change in financial ability rests with the petitioner.

(2) A petition for review shall be in writing and to the following address:

Secretary, DSHS  
Attn: Determination Officer  
P.O. Box 9768  
Olympia, WA 98504

(3) The determination officer, upon receipt of the petition for review, may conduct or cause to have conducted such investigation as may be necessary to verify the alleged changes in financial status or to determine any other facts which would bear upon the financial ability of the estate to pay.

(4) Based upon the review of the facts, the determination officer may modify or vacate the NFR under the provisions of RCW 71.02.415.

(5) The NFR will not be modified or vacated, if such modification or vacation inflicts or causes the loss of Medicaid eligibility; jeopardizes the eligibility for other third-party benefits; or has the potential end result of diminishing or jeopardizing the recovery of hospitalization cost by the department without a clear showing of real benefit, financial or otherwise, to the patient and/or responsible relatives.

(6) Nothing herein is intended to preclude the reinvestigation and/or review of the finding of responsibility

by the department of its own volition. [Statutory Authority: RCW 81.02.412 [71.02.412]. 81-08-020 (Order 1627), § 275-16-105, filed 3/25/81.]

**Chapter 275-19 WAC**

**ALCOHOLISM TREATMENT FACILITIES**

**WAC**

- 275-19-020 Facility services.
- 275-19-030 Definitions.
- 275-19-040 Department approval and accrediting procedures.
- 275-19-060 Inspections.
- 275-19-075 All facilities—Clients' rights.
- 275-19-080 All facilities—Facilities standards.
- 275-19-090 Repealed.
- 275-19-110 All facilities—Governing body.
- 275-19-120 Repealed.
- 275-19-130 All facilities—Administrator.
- 275-19-140 All facilities—Personnel.
- 275-19-160 All facilities—Volunteers.
- 275-19-170 All facilities—Records.
- 275-19-180 Residential and outpatient facilities—Case management.
- 275-19-190 Treatment register—Residential facilities.
- 275-19-210 All detoxification services—Clients.
- 275-19-220 All detoxification services—General.
- 275-19-230 All detoxification services—Admission screening.
- 275-19-270 Acute detoxification—Additional requirements.
- 275-19-280 Sub-acute detoxification—Additional requirements.
- 275-19-320 Intensive inpatient treatment facilities—Required services.
- 275-19-330 Repealed.
- 275-19-340 Repealed.
- 275-19-350 Repealed.
- 275-19-420 Repealed.
- 275-19-430 Alcoholism long-term treatment facilities—Required services.
- 275-19-440 Repealed.
- 275-19-520 Repealed.
- 275-19-530 Alcoholism recovery house facilities—Required services.
- 275-19-540 Repealed.
- 275-19-610 Alcoholism outpatient treatment—Required services.
- 275-19-720 Information and referral services—Community services.

**DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER**

- 275-19-090 All facilities—Court commitments. [Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-090, filed 2/1/80.] Repealed by 81-24-081 (Order 1727), filed 12/2/81. Statutory Authority: RCW 70.96A.090.
- 275-19-120 All facilities—Administration. [Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-120, filed 2/1/80.] Repealed by 81-24-081 (Order 1727), filed 12/2/81. Statutory Authority: RCW 70.96A.090.
- 275-19-330 Intensive inpatient treatment facilities—Written program statement. [Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-330, filed 2/1/80.] Repealed by 81-24-081 (Order 1727), filed 12/2/81. Statutory Authority: RCW 70.96A.090.
- 275-19-340 Intensive inpatient treatment facilities—Social and recreational activities. [Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-340, filed 2/1/80.] Repealed by 81-24-081 (Order 1727), filed 12/2/81. Statutory Authority: RCW 70.96A.090.
- 275-19-350 Intensive inpatient treatment facilities—Discharge or referral. [Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-350, filed 2/1/80.]

- 275-19-420 Repealed by 81-24-081 (Order 1727), filed 12/2/81. Statutory Authority: RCW 70.96A.090.
- 275-19-420 Alcoholism long-term treatment facilities—Written program statement. [Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-420, filed 2/1/80.] Repealed by 81-24-081 (Order 1727), filed 12/2/81. Statutory Authority: RCW 70.96A.090.
- 275-19-440 Alcoholism long-term treatment facilities—Discharge or referral. [Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-440, filed 2/1/80.] Repealed by 81-24-081 (Order 1727), filed 12/2/81. Statutory Authority: RCW 70.96A.090.
- 275-19-520 Alcoholism recovery house facilities—Written program statement. [Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-520, filed 2/1/80.] Repealed by 81-24-081 (Order 1727), filed 12/2/81. Statutory Authority: RCW 70.96A.090.
- 275-19-540 Alcoholism recovery house facilities—Discharge and referral. [Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-540, filed 2/1/80.] Repealed by 81-24-081 (Order 1727), filed 12/2/81. Statutory Authority: RCW 70.96A.090.

**WAC 275-19-020 Facility services.** (1) The department shall approve alcoholism treatment facilities pursuant to these rules and regulations to provide the following services:

- (a) Alcohol detoxification: Care and/or treatment of persons intoxicated or incapacitated by alcohol during the period in which the person recovers from the transitory effects of acute intoxication.
- (b) Alcoholism intensive inpatient treatment: Provided to the detoxified alcoholic in a residential setting.
- (c) Alcoholism long-term treatment: Provided on a long-term basis (ninety days or more) in a residential care setting with personal care services for alcoholics with impaired self-maintenance capabilities who need personal guidance and assistance to maintain sobriety and good health.
- (d) Alcoholism recovery house: Provides an alcohol-free residential setting with social and recreational activities for detoxified alcoholics to aid their adjustment to sobriety and their engagement in occupational training, gainful employment or other types of community activities.

(e) Alcoholism outpatient treatment: A variety of diagnostic and primary alcoholism treatment services provided according to a prescribed plan in a nonresidential setting.

(f) Alcohol information and referral: A community-based resource for information concerning alcohol, alcohol abuse and alcoholism; assess the individual's and/or family's involvement with alcohol, assist the individual and/or family in designing a continuum of care and coordinate referrals to and from the appropriate alcoholism treatment programs or other community resources.

(g) Alcohol information school provides the individual student with information regarding the use and abuse of alcohol and attempts to motivate the individual with a drinking problem to evaluate the problem and seek treatment.

(h) Emergency service patrol: Gives assistance in the streets and in other public places to persons who are intoxicated.

(2) A facility may be approved for more than one service if the facility complies with the specific requirements for approval of each service provided. [Statutory Authority: RCW 70.96A.090, 81-24-081 (Order 1727), § 275-19-020, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-020, filed 2/1/80.]

**WAC 275-19-030 Definitions.** For the purpose of these rules and regulations, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise:

(1) "Acute detoxification" means detoxification service provided to individuals for whom the consequences of withdrawal from alcohol are so severe as to merit assistance from medical and/or nursing personnel.

(2) "Administrator" means the individual appointed as the chief executive officer by the governing body of a facility to act in its behalf in the overall management of the alcoholism treatment facility.

(3) "Alcoholic" means a person with alcoholism.

(4) "Alcoholism" means an illness characterized by lack of control as to the consumption of alcoholic beverages or the consumption of alcoholic beverages to the extent that a person's health is substantially impaired or endangered or his social and economic function is substantially disrupted.

(5) "Alcoholism treatment facility" means a place whose primary function is the treatment of alcoholism and/or alcohol abuse.

(6) "Approved" means having met the standards of the department contained in these rules and regulations and having been certified pursuant to RCW 70.96A.090.

(7) "Approved public treatment facility" means a treatment facility which is operated under the direction and control of the department, or a treatment facility which is providing treatment for the department either through contract with the department or through a county subcontract, that has been approved by the department pursuant to these rules and regulations and chapter 70.96A RCW.

(8) "Approved treatment facility" means an alcoholism treatment facility, either public or private, profit or nonprofit which has been approved by the department pursuant to these rules and regulations and chapter 70.96A RCW.

(9) "Cancel" means a permanent invalidation of the approval of an alcoholism treatment facility.

(10) "Detoxification" means care and treatment of an intoxicated person during the period in which the person recovers from the transitory effects of acute intoxication.

(11) "Detoxified" means withdrawn from the consumption of alcohol, and recovered from the transitory effects of intoxication, and any associated acute physiological withdrawal reactions.

(12) "Department" means the Washington state department of social and health services.

(13) "Facilities" means rooms, areas, and equipment to serve a specific function.

(14) "Governing body" means the individual or group which is legally responsible for the conduct of an alcoholism treatment facility.

(15) "Incapacitated by alcohol" means that a person, as a result of the use of alcohol, has his or her judgment so impaired that he or she is incapable of realizing what his or her condition is and making a rational decision with respect to the need for treatment and constitutes a danger to him or herself, to any other person or to property.

(16) "Intensive outpatient treatment" means a concentrated, nonresidential program which consists of a combination of education sessions, individual therapy, group therapy, and related activities provided to detoxified alcoholics and their families.

(17) "Intoxication" means acute alcohol poisoning or temporary impairment of a person's mental or physical functioning caused by alcohol in his/her body.

(18) "Licensed nurse" means either a registered nurse per chapter 18.88 RCW or a licensed practical nurse per chapter 18.78 RCW.

(19) "Physician" means a person duly licensed to practice medicine or osteopathic medicine in the state of Washington.

(20) "Qualified alcoholism counselor" means a person who has adequate education, experience and knowledge regarding the nature and treatment of alcoholism, is knowledgeable about community resources which provide services alcoholics may need, knows and understands the principles and techniques of alcoholism counseling and is skilled in the application of these principles and techniques. A qualified alcoholism counselor shall:

(a) Have no history of alcohol or other drug misuse for a period of two years immediately prior to the time of employment as an alcoholism counselor, and no misuse of alcohol or other drugs while employed as an alcoholism counselor.

(b) Possess these professional attributes:

(i) Show evidence of a genuine interest in helping alcoholic persons, and of dedication to helping them help themselves as much as possible.

(ii) The ability to maintain confidentiality of all records, materials, and communications concerning the identity of clients.

(iii) The ability to work under supervision and to cooperate with other personnel, as well as to function effectively on one's own.

(iv) The ability to assess one's own personal and vocational strengths and limitations, biases, and effectiveness.

(v) The ability and willingness to recognize when it is in the client's best interest to refer or release him to another individual or program.

(vi) Show responsibility for self-evaluation and continued growth through further education or training.

(vii) Show respect for the client by avoidance of any intrusion into the client's personal life outside of a professional relationship.

(viii) Show respect for rights and reputation of other alcoholism workers and workers of other professions.

(ix) Show no discrimination among clients or professionals on the basis of race, color, creed, sex or age.

(c) Possess these qualifications:

(i) A high school diploma or equivalent.

(ii) Satisfactory completion of a minimum twelve quarter credits or eight semester credits of course work in an accredited institution of higher learning (college or university), of which (A) at least six quarter (four semester) credits must be specialized alcoholism courses, and (B) the remaining six (four semester) may be in either such courses or counseling, psychology, sociology, or social work.

NOTE: Effective January 1, 1984, this requirement, (ii), shall change to read: "Satisfactory completion of a minimum of twenty-four quarter (sixteen semester) credits, of course working in an accredited institution of higher learning (college or university) of which twelve quarter (eight semester) credits must be specialized alcoholism courses exclusive of field experience credit, and which must include distinct courses in: (A) Introduction To, or Survey of Alcoholism, (B) Physiological Actions of Alcohol and Other Drugs, and (C) Alcoholism Counseling. The remaining twelve quarter (eight semester) credits may be in alcoholism, multi-drug abuse, counseling, psychology, social work, human services, or social services."

#### Grandfather Clause

Persons who are qualified alcoholism counselors prior to January 1, 1984 will not be required to meet these new education standards.

(iii) Two thousand hours (approximately one year) of supervised work experience, in a counseling capacity, in an approved alcoholism agency or facility (may include hours spent in supervised field experience under academic supervision).

(d) Possess adequate knowledge and competence in the following areas:

(i) Communications:

(A) Demonstrated communication skills in writing and speaking.

(B) Demonstrated ability to maintain clinical records and write reports.

(C) Demonstrated ability to establish communication readily with incoming referrals in order to evaluate, screen and record pertinent information.

(ii) Knowledge of alcoholism:

(A) Physiological, e.g., ingestion, absorption, metabolism, effects of alcohol blood level, organic damage, acute alcoholism, long-range management of the illness.

(B) Psychological, e.g., dependency, patterns of progression (denial, projection, rationalization collapse), psychiatric complications, patterns of recovery, personal and social reconstruction.

(C) Social/cultural, e.g., history of alcohol use and abuse, family ramifications, value system of subcultures, spiritual, industrial, and legal aspects, including new legislation.

(iii) Evaluation and assessment:

(A) A thorough knowledge of symptoms of alcoholism—early, middle, and late stages.

(B) Strategies for assessing the individual in regard to the degree of alcoholism.

(C) Ability to recognize other medical/behavioral problems.

(D) Case history method.

(E) Ability to assess the effectiveness of various treatment and program modalities.

(iv) Referral:

(A) Knowledge of appropriate referral resources, their eligibility requirements, treatment philosophy, admission and contact procedures.

(B) Skill in evaluating a client's problem, reporting it to him/her at the client's level of understanding, and making a referral to a suitable program. This includes ability to work with persons, groups, or agencies with different treatment philosophies.

(C) Ability to assist clients and families with alcohol-related problems, with referrals for public assistance, medical or health needs, pastoral counseling, etc.

(D) Demonstrate exposure to Alcoholics Anonymous, Alanon, and/or Alateen, as well as other community programs, through direct contact.

(v) Counseling principles and procedures, including:

(A) Crisis intervention.

(B) Establishing a working relationship with a variety of clients.

(C) Establishing treatment goals.

(D) Use of techniques designed to educate the client regarding alcoholism, illicit feelings, facilitate self-understanding in the client, and motivate the client for treatment.

(E) Knowledge of different counseling philosophies and theories.

(F) Skill in individual and group counseling appropriate to alcoholism.

(G) Appropriate termination of session.

(H) An understanding and adherence to the ethics of counseling.

(vi) Treatment:

(A) A knowledge of various inpatient and outpatient methods and their rationale, their relation to other methods, and their limitations.

(B) Skill in managing the transition between detoxification and treatment, and the transition between intensive treatment and rehabilitation.

(C) Understanding of the steps and traditions of Alcoholics Anonymous, Alanon, and Alateen, their relations to various treatments, and their functions and limitations.

(D) Knowledge of long-range rehabilitative processes, including awareness of the need for medical care, post-treatment crisis, relapse, and new problems arising from sobriety.

(e) Maintain the qualified counselor status by completing the following requirements within each two years of service.

(i) Sixty clock hours of continuing education, including at least fifteen clock hours in which alcoholism or counseling alcoholic people or families is the primary part of the course content, as evidenced by the course description and/or syllabus. The remaining forty-five

clock hours may be in subject areas that will increase the counselor's knowledge and skills in counseling and aiding the alcoholic person or family to recover.

(ii) For any portion of these sixty clock hours of continuing education, college credit-bearing courses will have the value of one and one-half, i.e., one college credit contact hour will equal one and one-half hours of continuing education.

(iii) No course or workshop previously taken may be repeated to meet these requirements.

(iv) An acceptable workshop must be conducted by an instructor who is either qualified as an alcoholism counselor or has state approval as a trainer.

(v) In-service training does not satisfy this requirement, but short-courses, retreats, or workshops which meet the above conditions may be used.

(21) "Residential facilities" means facilities that provide board and room as part of their treatment program.

(22) "Revoke" means a permanent invalidation of the approval of an alcoholism treatment facility.

(23) "Secretary" means the secretary of the Washington state department of social and health services or his/her designee.

(24) "Shall" means compliance is mandatory.

(25) "Sub-acute detoxification" means detoxification service provided to individuals in a supportive, homelike environment within which a person can recover from the effects of intoxication. Prescription medication is not provided for the management of withdrawal discomfort.

(26) "Substantial compliance" means being in conformity with the requirements of the major components of each section of chapter 275-19 WAC which applies to the class or classes of alcoholism treatment services for which an alcoholism treatment facility is approved or has applied for approval.

(27) "Suspend" means invalidation of the approval of an alcoholism treatment facility for any period less than one calendar year or until the agency is notified of reinstatement. [Statutory Authority: RCW 70.96A.090. 81-24-081 (Order 1727), § 275-19-030, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-030, filed 2/1/80.]

**WAC 275-19-040 Department approval and accrediting procedures.** (1) Alcoholism treatment facilities seeking department approval of one or more of the services listed in WAC 275-19-020 shall submit written application to the office on alcoholism on a form provided by the office.

(a) Such application shall document the need for the requested services and evidence that the agency meets the requirements of these rules and regulations.

(b) The applicant shall send a copy of the application to the county alcoholism administrative board in each county where services are to be provided. The county alcoholism administrative board may review the application and send written comments to the office on alcoholism with a copy to the applicant. County administrative board comments should address the issue of the county's need for this new service. If the office on alcoholism does not receive a response from the county alcoholism administrative board within a sixty-day period,

the office shall proceed in processing the application without said response.

(c) After processing the application, the office shall send written notification of approval or denial of approval to the applicant with a copy to the county alcoholism administrative board.

(2) The department may grant provisional approval to alcoholism treatment facilities when office on alcoholism staff are unable to determine whether the facility, without a period of operation, will comply with chapter 70.96A RCW and these rules and regulations. Provisional approval shall be granted for a maximum period of six months and may not be renewed.

(3) If an approved alcoholism treatment facility plans to move its program to a different location, open a branch office or change ownership, it shall submit a written application to the office on alcoholism. Such application shall be submitted in accordance with WAC 275-19-040(1).

(4) The secretary or his/her designee may, at his/her discretion, exempt an alcoholism treatment facility from compliance with parts of these regulations when it has been found, after thorough investigation and consideration, that such exemption may be made in an individual case without jeopardizing the safety or health of the clients in the particular alcoholism treatment facility.

(5) All exemptions granted pursuant to the foregoing provisions shall be in writing and filed with the department and the alcoholism treatment facility.

(6) The office on alcoholism shall issue a certificate of approval, valid for not more than two years, to those approved alcoholism treatment facilities which remain in substantial compliance with these rules and regulations and chapter 70.96A RCW. This certificate shall be framed and displayed in a conspicuous place in the facility.

(7) Fees shall be set and charged by the office on alcoholism for inspections and certification of each applicant organization. Such fees shall be reasonably based upon the cost to the office on alcoholism of the inspections and maintenance of certification and shall not exceed the actual costs. Only one such fee shall be charged to an agency during any twelve-month period, regardless of the number of inspections which may be made. [Statutory Authority: RCW 70.96A.090. 81-24-081 (Order 1727), § 275-19-040, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-040, filed 2/1/80.]

**WAC 275-19-060 Inspections.** Any approved public or private treatment facility and any facility seeking departmental approval shall be open to departmental inspection. The facility, its programs, all individual and group counseling sessions and general records of operation shall be open for inspection in accordance with federal and state confidentiality laws. Such records shall include all policy and procedure documents required herein, personnel records, clinical records, fiscal records, meeting minutes and such other documents as may be needed to verify the provision of services and compliance with these regulations, and chapter 70.96A RCW. Department inspection may be made during any time in



which the facility is serving clients, provided, that such inspection shall not unduly disrupt client activity. Inspection fees shall be set and charged in accordance with office on alcoholism policy. These fees shall not exceed the actual cost of the inspection. [Statutory Authority: RCW 70.96A.090. 81-24-081 (Order 1727), § 275-19-060, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-060, filed 2/1/80.]

**WAC 275-19-075 All facilities--Clients' rights.** All approved alcoholism treatment facilities shall take reasonable efforts to assure each client:

(1) Be treated in a manner that promotes dignity and self-respect.

(2) Be treated without regard to race, color, creed, national origin, religion, sex, sexual preference, or age.

(3) Be treated without regard to disability unless such disability makes treatment afforded by the facility nonbeneficial or hazardous. Reasonable actions shall be taken to accommodate disabled persons within the treatment program.

(4) Be protected from invasion of privacy: *Provided*, That, reasonable searches may be conducted to detect and prevent contraband from being brought in or possessed on the premises.

(5) Have all clinical and personal information treated confidentially in communications with individuals not directly associated with the approved alcoholism treatment center.

(6) Review his or her own treatment record with a treatment staff person upon request.

(7) Be fully informed regarding fees to be charged and methods of payment available.

(8) Be provided reasonable opportunity to practice the religion of his or her choice, alone and in private, insofar as such religious practice does not infringe on the rights and treatment of others, or the treatment program. The client also has the right to be excused from any religious practice.

(9) Not be denied communication with significant others in emergency situations.

(10) Not be subjected by facility staff to physical abuse, corporal punishment, or other forms of abuse administered against their will including being denied food, clothing or other basic necessities. [Statutory Authority: RCW 70.96A.090. 81-24-081 (Order 1727), § 275-19-075, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-075, filed 2/1/80.]

**WAC 275-19-080 All facilities--Facilities standards.** (1) Alcoholism treatment facilities shall meet all applicable state and county requirements.

(2) Room for group and subgroup activities will be provided.

(3) There shall be private space for personal consultation. [Statutory Authority: RCW 70.96A.090. 81-24-081 (Order 1727), § 275-19-080, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-080, filed 2/1/80.]

**WAC 275-19-090 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-19-110 All facilities--Governing body.** (1) A facility providing alcoholism treatment services shall have a governing body which is legally responsible for the conduct of the alcoholism service or services provided.

(2) The governing body shall:

(a) Adopt bylaws which establish a mechanism for selection of officers and members of the governing body.

(b) Maintain a current job description for the position of administrator which delineates the qualifications for and the responsibilities of the position.

(c) Establish the philosophy and overall objectives for the alcoholism treatment facility and each distinct part thereof.

(d) Provide for the personnel, facilities, equipment, and supplies necessary for the care of clients and the maintenance and operation of the facility in accordance with applicable laws and regulations.

(e) Review and approve written personnel policies.

(f) Ensure that the administration and operation of the facility is in compliance with all applicable federal, state, and local laws and regulations. [Statutory Authority: RCW 70.96A.090. 81-24-081 (Order 1727), § 275-19-110, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-110, filed 2/1/80.]

**WAC 275-19-120 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-19-130 All facilities--Administrator.** (1) There shall be a chief administrator at least twenty-one years of age who is directly responsible for the operation of the alcoholism treatment facility.

(2) The administrator shall possess the knowledge and skills in fiscal accounting, personnel management, and other administrative functions necessary to provide adequate supervision to the facility.

(3) At any time the administrator is not on duty or on call, there shall be a person on duty or on call to whom the administrator has delegated the authority and responsibility to act in his/her stead. Any person to whom the administrator's authority and responsibility are delegated shall be a competent person at least twenty-one years of age who is not currently a client of the facility.

(4) The administrator shall ensure that there is a free-flow of managerial and clinical information to facilitate the delivery of services.

(5) The administrator shall ensure that a written program manual(s) is developed. This manual shall be reviewed and revised as necessary, but no less than once each year. This annual review shall be evidenced by a cover sheet which notes the date of the last review and update and shall be signed by the person(s) making the review. The manual shall be readily available to the governing body and the staff of the facility. The program manual(s) shall include:

(a) A plan of organization which includes all positions and delineates the functions, authority, and relationships of all positions, including volunteers, within the facility.

(b) Policies and procedures to govern the following:

(i) Personnel.

(ii) Care of clients in the facility and every distinct part thereof. These policies and procedures shall govern the screening and admission of clients, the type and scope of services, the length of treatment, the transfer or discharge of clients and the continuing evaluation of the program.

(iii) Client's rights and client grievances. A copy of these documents shall be posted in a conspicuous place in the facility.

(iv) Case file management.

(v) Implementation of the federal confidentiality of alcohol and drug abuse patient records regulations (42 CFR part 2).

(vi) Provision of client transportation in accordance with RCW 70.96A.110(4).

(vii) Coordination with ancillary services which include hospital, medical, and psychological back-up services.

(c) A written description of each modality of treatment within the treatment program. These descriptions shall include a current outline for all educational sessions.

(d) A copy of the organization's bylaws as required by WAC 275-19-110(2)(a).

(e) A copy of the philosophy and overall objectives of the organization as required by WAC 275-19-110(2)(c).

(6) The administrator shall ensure that a fiscal accounting system is developed which reflects the fiscal experience and current financial position of the facility. [Statutory Authority: RCW 70.96A.090, 81-24-081 (Order 1727), § 275-19-130, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-130, filed 2/1/80.]

**WAC 275-19-140 All facilities--Personnel.** (1) There shall be sufficient qualified alcoholism counselors, clerical, and other support staff who are not of the present client population, to ensure the attainment of program service objectives and properly maintain the alcoholism treatment facility. This shall not preclude the assignment of work to a client when the assignment is part of the client's treatment program, the client's work assignment has therapeutic value, and the client works under the immediate supervision of a member of the staff.

(a) Personnel employed as alcoholism counselors shall be qualified alcoholism counselors as defined in WAC 275-19-030, or there shall be an individualized training and educational plan developed for any person employed as an alcoholism counselor who is not a qualified alcoholism counselor as defined in WAC 275-19-030. This training and educational plan shall be designed to bring the individual up to the required standards within two years from the date of employment as an alcoholism counselor. This plan shall be placed in the individual's personnel file.

(b) Counselor trainees and counselor aides working in counselor staff roles shall have no history of alcohol or other drug misuse for a period of one year immediately

prior to the time of employment and no misuse of alcohol or other drugs while employed or in training.

(2) All noncounselor staff members who, as part of their job assignment, have frequent contact with clients and the public shall have adequate training regarding alcoholism and alcohol abuse.

(3) For each employee there shall be a current personnel file which includes the following:

(a) An application which includes or is supplemented by a resume and verification (transcripts, certificates, licenses, etc.) that documents the employee's qualifications for the assigned position.

(b) A copy of the employee's current job description, signed and dated by the employee, which includes: The job title, a summary of the duties and responsibilities, the minimum qualifications, and the title of the immediate supervisor.

(c) A record of a planned, supervised, orientation acquainting the person with the organization of the facility, the physical plant layout, his or her particular duties and responsibilities, the policies, procedures and equipment which are pertinent to his or her work, the staff ethical standards, and the disaster plan for the facility.

(d) Written performance evaluations for the initial six months of employment and for each year of employment thereafter. The completed evaluation form shall be signed and dated by the evaluator and the employee.

(e) Evidence of a tuberculin skin test or chest x-ray, and a record of any accidents occurring on duty.

(f) A current record of all training and education which the employee has completed since the date of employment. There shall be sufficient evidence in the counselor's records to determine whether or not the counselor has received the training and education necessary to maintain the qualified status required by WAC 275-19-030.

(g) An assurance of confidentiality certification which has been signed and dated by the employee.

(4) Employees with a communicable disease in an infectious stage shall not be on duty. [Statutory Authority: RCW 70.96A.090, 81-24-081 (Order 1727), § 275-19-140, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-140, filed 2/1/80.]

**WAC 275-19-160 All facilities--Volunteers.** (1) Volunteers working in counselor staff roles shall be directly supervised by a qualified alcoholism counselor.

(2) Volunteers working in counselor staff roles (counselors, counselor aides, co-therapists, etc.) shall have at least one year of continuous freedom from the abuse of alcohol or other substances.

(3) Programs using volunteers shall have a written plan describing how volunteers will be utilized and a written job description for each position filled by a volunteer.

(4) Each volunteer shall sign an assurance of confidentiality certification which shall be kept on file by the agency. [Statutory Authority: RCW 70.96A.090, 81-24-081 (Order 1727), § 275-19-160, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-160, filed 2/1/80.]

**WAC 275-19-170 All facilities--Records.** (1) All alcoholism treatment facilities shall have an accurate and complete record system which:

(a) Provides for maintenance of a current and complete record for each client.

(b) Provides a systematic method of identifying and filing client's records so each record can be located readily.

(c) Ensures confidentiality of patients' case records by storing and handling them under conditions which meet all pertinent federal, state, and local regulations governing such records.

(d) Includes all required state and county data.

(e) Reflect all financial transactions of the facility. The accounting system shall meet all federal, state, and county requirements.

(2) Client file records required in this section shall be retained by the treatment facility for a minimum of five years following the discharge or transfer of the client.

In the event an approved alcoholism treatment facility is closed, clinical records may be forwarded to any other approved alcoholism treatment center with the client's consent. Clinical records still subject to minimum retention requirements, where client consent is not obtained, shall be sealed and labeled as follows: "Records of (insert name of approved alcoholism treatment facility) required to be maintained pursuant to WAC 275-19-170, until a date not later than December 31, (insert year)." Sealed records shall be forwarded to the department, and shall be disclosed only under such circumstances and to such extent as would be permissible for the program in which they originated. The department shall destroy the records as soon as possible after the date specified on the label.

(3) Residential and outpatient facilities shall have individual case records which include the following:

(a) An intake form which includes the client's full name; sex; birthdate; home address; date of admission; name, address, and telephone number of the client's next of kin or other responsible person; name and city of the client's personal physician, if any.

(b) A record of the evaluation and assessment (diagnostic impression) of the client's involvement with alcohol.

(c) An individualized treatment plan designed to help the person understand his or her alcohol problem which takes into account all case history and diagnostic information. The plan shall include the specific problems to be addressed, the objectives to be accomplished in treating the problems and the time-linked means to be used in achieving the objectives.

(d) Progress notes on the client's response to treatment which relate to the treatment plan and note all significant events during treatment.

(e) Each entry in a client's record shall be dated and shall be signed by the person making the entry.

(f) The client's signed voluntary consent to treatment.

(g) A properly completed authorization for release of information form, which meets all federal and state requirements, for each disclosure of information.

(h) At completion of treatment, a discharge summary which includes the date of discharge, and a summary of the client's progress in meeting the objectives outlined in the treatment plan.

(i) Medical records in accordance with chapter 248-22 WAC.

(4) Information and referral facilities shall have individual case records which include:

(a) Identifying sociological data including the client's full name, sex, birthdate, and home address.

(b) The date of contact(s).

(c) A record of the client's problem statement.

(d) A record of the evaluation and assessment (diagnostic impression).

(e) A record of any referral.

(f) A properly completed authorization for release of information form, which meets all federal and state requirements, for each disclosure of information concerning the client.

(g) Each entry in a client's record shall be dated and signed by the person making the entry.

(5) Alcohol information schools shall have individual case records which include:

(a) Identifying sociological data including the client's full name, sex, birthdate, and home address.

(b) Dates in attendance.

(c) Source of referral.

(d) A record of the assessment of the client's involvement with alcohol.

(e) A record of any referral.

(f) A properly completed authorization for release of information form, which meets all federal and state requirements, for each disclosure of information concerning the client.

(g) Each entry in a client's record shall be dated and signed by the person making the entry.

(6) Emergency service patrols shall maintain a log which includes:

(a) The time and origin of the call received.

(b) The time of arrival at the scene.

(c) The location of the pickup.

(d) The name and sex of the person transported.

(e) The destination of transport (either home or detox facility).

(f) The time of transport completion.

(g) In nonpickup cases, notation shall be made of the reason why said pickup was not made.

(h) Each entry in the log shall be dated signed by the person making the entry. [Statutory Authority: RCW 70.96A.090, 81-24-081 (Order 1727), § 275-19-170, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-170, filed 2/1/80.]

**WAC 275-19-180 Residential and outpatient facilities--Case management.** (1) The treatment rationale shall be designed to achieve total abstinence for all diagnosed alcoholics.

(2) Concurrent drug abuse patterns or tendencies toward other drug abuse shall be explored with each client. The client shall be warned of the danger of mixing

drugs and alcohol and be warned of the tendency to cross-addiction.

(3) Medications shall be secured and disbursed in accordance with the requirements of chapter 248-22 WAC. In addition, any treatment that includes the use of disulfiram shall be directly supervised by a qualified alcoholism counselor.

(4) For each client there shall be a case manager who will be responsible for completeness of records and documentation of progress toward an attainment of the treatment objectives.

(5) Case managers shall be:

(a) Qualified alcoholism counselors in all intensive inpatient, long-term treatment, recovery house, and outpatient facilities.

(b) Qualified alcoholism counselors or licensed nurses in detoxification facilities.

(6) The case manager shall review each active case in his or her caseload regularly to ensure that the treatment plan is valid and that there is movement toward treatment goals. This review shall be evidenced in the individual case files by a progress note. Case managers shall review each active case at least:

(a) Once each shift in detoxification facilities.

(b) Once each week in intensive inpatient facilities.

(c) Once each month in long term, recovery house and outpatient alcoholism treatment facilities.

(7) Case managers shall be responsible to follow up on clients who have missed appointments and to pursue all opportunities to keep the client in treatment. In the event a client, who has been court ordered to a treatment program aborts the treatment program, that fact shall be promptly reported to the committing authority.

(8) Upon completion of the course of treatment, the client shall be counseled to establish contact with such services or agencies as the staff has determined will assist in maintaining sobriety. The client shall be assisted in identifying and making contact with any agencies as may be necessary. If the facility is discharging a client to another agency for after care services, a copy of the discharge summary shall be forwarded, with the client's permission, to the said agency. [Statutory Authority: RCW 70.96A.090. 81-24-081 (Order 1727), § 275-19-180, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-180, filed 2/1/80.]

**WAC 275-19-190 Treatment register--Residential facilities.** All residential treatment facilities shall have a permanent, current register of all persons admitted for care or treatment. This shall include at a minimum: The date of admission, full name, and the date of discharge or transfer. Data on clients shall be entered into the register in chronological order according to the date and time of admission. When an alcoholism treatment facility provides more than one category of alcoholism treatment service, there shall be a separate register for each distinct part of the facility. [Statutory Authority: RCW 70.96A.090. 81-24-081 (Order 1727), § 275-19-190, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-190, filed 2/1/80.]

**WAC 275-19-210 All detoxification services--Clients.** (1) Admission of clients to an alcoholism detoxification facility shall be limited to persons who need detoxification services and do not manifest signs and symptoms of a condition which warrants treatment in a hospital.

(2) Public detoxification facilities shall provide services to all incapacitated persons unless uncontrollable because of violent behavior. [Statutory Authority: RCW 70.96A.090. 81-24-081 (Order 1727), § 275-19-210, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-210, filed 2/1/80.]

**WAC 275-19-220 All detoxification services--General.** There shall be an organized treatment program and staff which shall provide the following services:

(1) Screening of each person prior to admission to determine whether he or she manifests signs or symptoms of serious illnesses or severe trauma which warrant treatment in a hospital and whether he or she needs detoxification.

(2) Detoxification of intoxicated persons.

(3) Counseling of alcoholics regarding their illness.

(4) Referral of detoxified alcoholics to other appropriate alcoholism treatment programs. [Statutory Authority: RCW 70.96A.090. 81-24-081 (Order 1727), § 275-19-220, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-220, filed 2/1/80.]

**WAC 275-19-230 All detoxification services--Admission screening.** All clients shall be screened prior to admittance by a person who is knowledgeable about alcoholism, skilled in observation and in eliciting information pertinent to assessment of a health problem, and competent to recognize significant signs and symptoms of illness or trauma. [Statutory Authority: RCW 70.96A.090. 81-24-081 (Order 1727), § 275-19-230, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-230, filed 2/1/80.]

**WAC 275-19-270 Acute detoxification--Additional requirements.** Any alcoholism treatment facility which provides acute detoxification services shall comply with the following additional requirements:

(1) The client's physical and health care needs shall be met by practices that meet the standards set forth in chapter 248-22 WAC. The facility may provide juices, snack foods, and other like foods capable of being ingested by a person undergoing detoxification in lieu of formal menus as specified in chapter 248-22 WAC.

(2) All personnel other than physicians and licensed nurses who are providing client care in the absence of licensed physicians or nurses in the facility shall possess a valid and current red cross card or certificate for first aid, and cardiopulmonary resuscitation or the equivalent. [Statutory Authority: RCW 70.96A.090. 81-24-081 (Order 1727), § 275-19-270, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-270, filed 2/1/80.]

**WAC 275-19-280 Sub-acute detoxification--Additional requirements.** Alcoholism treatment facilities

which provide sub-acute detoxification services shall comply with the following additional requirements:

(1) Sub-acute detoxification facilities shall meet the requirements set forth in chapter 248-22 WAC.

(2) No more than twenty clients shall be served in any one facility.

(3) The facility shall be located within five miles driving distance of a hospital or shall have physician trained mobile intensive care paramedic services as defined in chapter 248-15 WAC available within ten minutes.

(4) Prescription medication shall not be provided for management of withdrawal discomfort.

(5) If a client admitted to the facility has in his/her possession any prescription medications, the staff shall attempt to contact the prescribing physician to check on the accuracy of the prescription, its usage and document the attempts in the client file.

(6) All personnel providing client care shall have completed, prior to employment, standard first aid class and a class on cardio-pulmonary resuscitation.

All personnel providing client care shall have completed a minimum of forty hours of classroom training in alcoholism prior to or within six months of the date of employment.

(7) All furnishings and the general decor shall reflect a home-like environment. Each of the following areas shall be provided and structured as stated:

(a) The dining area shall have provisions for family-type eating arrangements.

(b) Sleeping areas shall be arranged so as to permit observation of residents and encourage resident communication.

(c) A lounge shall have adequate space for relaxation, group discussion, and peer group interaction.

(d) The reception area shall be separate from living areas in order to maintain the comfort and privacy of residents. There shall be a client reception desk and a comfortable chair for use by those seeking entry. [Statutory Authority: RCW 70.96A.090. 81-24-081 (Order 1727), § 275-19-280, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-280, filed 2/1/80.]

**WAC 275-19-320 Intensive inpatient treatment facilities--Required services.** There shall be an organized treatment program and staff sufficient to provide the following services:

(1) Education of clients regarding alcohol and alcoholism;

(2) Intensive individual and group counseling;

(3) Social and recreational activities;

(4) Discharge and referral to necessary supportive organizations and agencies;

(5) A client follow-up program that provides for periodic supportive and evaluative contact for a period of one year following discharge;

(6) An invitation and encouragement to family members to participate in their own treatment program and in the treatment of the alcoholic. Family members shall be informed of the desirability of participation in family

counseling, Alanon, Alateen and other self-help or specific group or individual resources and be encouraged to pursue these upon return to their home communities in those instances when the treatment staff or family member determines a need for those services. [Statutory Authority: RCW 70.96A.090. 81-24-081 (Order 1727), § 275-19-320, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-320, filed 2/1/80.]

**WAC 275-19-330 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-19-340 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-19-350 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-19-420 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-19-430 Alcoholism long-term treatment facilities--Required services.** There shall be an organized program and staff sufficient to provide the following services:

(1) Education of clients regarding alcohol and alcoholism;

(2) Individual and group counseling;

(3) Education concerning social and life coping skills;

(4) Social and recreational activities;

(5) Occupational training through cooperation with government and/or private occupational training programs for those clients who need this assistance;

(6) Discharge referral to necessary supportive organizations and agencies;

(7) A client follow-up program that provides periodic supportive and evaluative contact after discharge for a period of one year. [Statutory Authority: RCW 70.96A.090. 81-24-081 (Order 1727), § 275-19-430, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-430, filed 2/1/80.]

**WAC 275-19-440 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-19-520 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-19-530 Alcoholism recovery house facilities--Required services.** There shall be an organized program and staff sufficient to provide the following services:

(1) Education of clients regarding alcohol and alcoholism;

(2) Individual and group counseling;

(3) Social and recreational activities;

(4) Assistance in registering and participating in educational and/or occupational training programs when appropriate for clients;

(5) Assistance, when needed, to clients in seeking and obtaining gainful employment;

(6) Referral to necessary supportive organizations and agencies;

(7) A client follow-up program that provides periodic supportive evaluative contact after discharge for a period of one year. [Statutory Authority: RCW 70.96A.090, 81-24-081 (Order 1727), § 275-19-530, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-530, filed 2/1/80.]

**WAC 275-19-540 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-19-610 Alcoholism outpatient treatment--Required services.** There shall be an organized program and staff sufficient to provide the following services:

(1) Assessment of each client's needs regarding specific alcohol-related problems as perceived by the client, center staff, and involved others.

(2) Immediate evaluation for persons in a crisis.

(3) Individual, group counseling, and educational services on a scheduled basis which are conducted by a qualified alcoholism counselor or other treatment staff person under the direct supervision of a qualified alcoholism counselor.

(4) Referral of clients for ancillary services as necessary and follow-up efforts to ensure the efficacy of such referrals.

(5) A client follow-up program for those completing treatment that maintains periodic supportive and evaluative contact for a period of one year following discharge.

(6) Facilities which provide intensive outpatient program services as defined in WAC 275-19-030 shall meet the standards for intensive outpatient programs published by the office on alcoholism. [Statutory Authority: RCW 70.96A.090, 81-24-081 (Order 1727), § 275-19-610, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-610, filed 2/1/80.]

**WAC 275-19-720 Information and referral services--Community services.** (1) Facilities providing information and referral services shall provide the communities which they serve with information and education concerning alcohol, alcohol abuse, alcoholism, and their related problems and shall serve as consultant to community agencies.

(2) The facilities shall develop a priority list of services to be provided in the community. [Statutory Authority: RCW 70.96A.090, 81-24-081 (Order 1727), § 275-19-720, filed 12/2/81; 80-02-136 (Order 1486), § 275-19-720, filed 2/1/80.]

**Chapter 275-20 WAC**

**COSTS OF CARE OF MENTALLY DEFICIENT PERSONS RESIDING IN STATE INSTITUTIONS**

WAC  
275-20-030 Schedule of per capita cost.

**WAC 275-20-030 Schedule of per capita cost.** Resident charges will be collected on the basis of the following:

	Per Capita Daily Rate
Lakeland Village	\$116.30
Rainier School	\$113.72
Yakima Valley School	\$ 92.97
Firecrest School	\$106.71
Interlake School	\$ 94.80
Frances Haddon Morgan	\$124.66
School for Blind-nonresident	\$101.79
School for Deaf-nonresident	\$ 59.99

[Statutory Authority: RCW 72.33.660, 82-20-022 (Order 1885), § 275-20-030, filed 9/29/82; 81-17-025 (Order 1690), § 275-20-030, filed 8/12/81; 81-06-004 (Order 1611), § 275-20-030, filed 2/19/81; 80-12-011 (Order 1535), § 275-20-030, filed 8/25/80; 80-02-060 (Order 1480), § 275-20-030, filed 1/18/80; 79-08-044 (Order 1418), § 275-20-030, filed 7/19/79; 78-10-057 (Order 1341), § 275-20-030, filed 9/22/78. Statutory Authority: RCW 72.01.090, 78-03-029 (Order 1270), § 275-20-030, filed 2/17/78; Order 1191, § 275-20-030, filed 2/18/77; Order 1071, § 275-20-030, filed 12/2/75; Order 982, § 275-20-030, filed 11/14/74, effective 1/1/75; Order 903, § 275-20-030, filed 1/29/74; Order 808, § 275-20-030, filed 6/15/73, effective 8/1/73; Order 15, § 275-20-030, filed 5/11/71; Order 2, § 275-20-030, filed 2/23/68.]

**Chapter 275-25 WAC**

**COUNTY PLAN FOR MENTAL HEALTH, DRUG ABUSE, DEVELOPMENTAL DISABILITIES, ALCOHOLISM**

WAC	
275-25-340	Funding formula--Alcoholism.
275-25-520	Services--Developmental disabilities.
275-25-527	Rights--Health and safety assured.
275-25-770	Funding formula--Mental health.
275-25-810	Drug abuse services.

**WAC 275-25-340 Funding formula--Alcoholism.** (1) The department will establish and publish annually the allocation of funds available to the counties for alcoholism services.

(2) Funds appropriated by the legislature for such services shall be distributed according to the following:

(a) Not more than nine percent to the department for administration.

(b) Sufficient funds to continue the current level of service of the state-wide intensive inpatient treatment programs for which the department currently contracts.

(c) Sufficient funds to continue at their current level of service the following special projects:

(i) State employees alcoholism program;

(ii) Long-term alcoholism treatment programs for which the department currently contracts.

(3) The remainder is to be distributed to the counties, and each county is to receive a sum calculated according to the county's percentage of the total distribution to all counties. Such percentage is equal to the population of the county divided by the population of all counties as last determined by the office of program planning and fiscal management: *Provided*, That, each county shall receive at least fifteen thousand dollars. [Statutory Authority: RCW 69.54.040, 81-24-073 (Order 1726), § 275-25-340, filed 12/2/81; Order 1142, § 275-25-340, filed 8/12/76.]

**WAC 275-25-520 Services--Developmental disabilities.** Counties may purchase and/or provide any or all of the services listed in RCW 71.20.060 and/or 71.20.070. However, only the following services are eligible for division of developmental disabilities funds whenever such services are purchased or provided for developmentally disabled persons who are determined eligible by the department's bureau of developmental disabilities, case services, and in accordance with approved county plans and with service definitions, standards and guidelines issued by the division.

(1) Direct services may be provided in the following areas:

- (a) Child development services,
- (b) Employment services,
- (c) Community integration services, and
- (d) Residential services.

(2) Indirect services may be provided in the following areas:

- (a) Program evaluation,
- (b) County planning and administration, and
- (c) Consultation and staff development. [Statutory Authority: RCW 71.20.070, 72.33.125 and 72.33.850, 82-06-034 (Order 1771), § 275-25-520, filed 3/1/82. Statutory Authority: RCW 71.20.030, 71.20.050, and 71.20.070, 78-04-002 (Order 1278), § 275-25-520, filed 3/2/78; Order 1142, § 275-25-520, filed 8/12/76.]

**WAC 275-25-527 Rights--Health and safety assured.** A county, when contracting for specific services, must assure that client rights and client health and safety are protected. [Statutory Authority: RCW 71.20.070, 72.33.125 and 72.33.850, 82-06-034 (Order 1771), § 275-25-527, filed 3/1/82.]

**WAC 275-25-770 Funding formula--Mental health.** The annual allocation of funds to counties shall be based on the following criteria:

(1) The department may withhold up to one percent of allocated funds to provide funding for emergency needs and one and one-half percent for continuing education and technical assistance within community mental health programs.

(2) Each county or federally designated catchment area, whichever is smaller, shall be guaranteed fifty thousand dollars for basic mental health services, subject to the availability of state and federal funds.

(3) The remainder of the funds shall be distributed to the counties on a per capita basis: *Provided*, That no county will receive less state general grant-in-aid funding than it received in calendar year 1981, subject to availability of funds.

(4) Funds for the administration of the involuntary treatment act shall be disbursed to the counties under a contract separate from the mental health general award. This requirement can be waived at the request of any county. [Statutory Authority: RCW 71.24.190, 81-23-043 (Order 1719), § 275-25-770, filed 11/18/81. Statutory Authority: RCW 69.54.040, 80-02-120 (Order 1484), § 275-25-770, filed 1/30/80; 78-08-086 (Order 1322), § 275-25-770, filed 7/28/78; Order 1142, § 275-25-770, filed 8/12/76.]

**WAC 275-25-810 Drug abuse services.** (1) The plan for each county or combination of counties shall address service requirements for each of the following modalities:

- (a) Outpatient treatment services,
- (b) Day treatment services,
- (c) Residential treatment services,
- (d) Inpatient treatment services,
- (e) Prison/jail treatment services,
- (f) Rehabilitation services,
- (g) Intervention services,
- (h) Prevention services, and
- (i) Support services.

(2) Where provision of a service within the county is not appropriate, the plan shall specify how the service will be made available to county residents. [Statutory Authority: RCW 69.54.040, 81-24-073 (Order 1726), § 275-25-810, filed 12/2/81; 78-08-086 (Order 1322), § 275-25-810, filed 7/28/78.]

**Chapter 275-27 WAC**

**BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES AND HOME AID RESOURCES RULES.**

WAC	
275-27-230	Placement services.
275-27-600	Repealed.
275-27-605	Repealed.
275-27-610	Repealed.
275-27-615	Repealed.
275-27-620	Repealed.
275-27-630	Repealed.
275-27-635	Repealed.
275-27-640	Repealed.
275-27-660	Repealed.
275-27-665	Repealed.
275-27-680	Repealed.
275-27-685	Repealed.

**DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER**

275-27-600	Bureau certification of developmental centers. [Statutory Authority: RCW 72.01.090, 72.33.165, 72.33.800, and 72.33.810, 78-04-003 (Order 1277), § 275-27-600, filed 3/2/78.] Repealed by 82-06-034 (Order 1771), filed 3/1/82. Statutory Authority: RCW 71.20.070, 72.33.125 and 72.33.850.
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- 275-27-605 Procedures for bureau certification, denial, suspension or revocation—Appeals. [Statutory Authority: RCW 72.01.090, 72.33.165, 72.33.800, and 72.33.810. 78-04-003 (Order 1277), § 275-27-605, filed 3/2/78.] Repealed by 82-06-034 (Order 1771), filed 3/1/82. Statutory Authority: RCW 71.20.070, 72.33.125 and 72.33.850.
- 275-27-610 Governing board. [Statutory Authority: RCW 72.01.090, 72.33.165, 72.33.800, and 72.33.810. 78-04-003 (Order 1277), § 275-27-610, filed 3/2/78.] Repealed by 82-06-034 (Order 1771), filed 3/1/82. Statutory Authority: RCW 71.20.070, 72.33.125 and 72.33.850.
- 275-27-615 Center structure and maintenance. [Statutory Authority: RCW 72.01.090, 72.33.165, 72.33.800, and 72.33.810. 78-04-003 (Order 1277), § 275-27-615, filed 3/2/78.] Repealed by 82-06-034 (Order 1771), filed 3/1/82. Statutory Authority: RCW 71.20.070, 72.33.125 and 72.33.850.
- 275-27-620 Staff training. [Statutory Authority: RCW 72.01.090, 72.33.165, 72.33.800, and 72.33.810. 78-04-003 (Order 1277), § 275-27-620, filed 3/2/78.] Repealed by 82-06-034 (Order 1771), filed 3/1/82. Statutory Authority: RCW 71.20.070, 72.33.125 and 72.33.850.
- 275-27-630 Client training. [Statutory Authority: RCW 72.33.810. 81-14-064 (Order 1671), § 275-27-630, filed 7/1/81. Statutory Authority: RCW 72.01.090, 72.33.165, 72.33.800, and 72.33.810. 78-04-003 (Order 1277), § 275-27-630, filed 3/2/78.] Repealed by 82-06-034 (Order 1771), filed 3/1/82. Statutory Authority: RCW 71.20.070, 72.33.125 and 72.33.850.
- 275-27-635 Reimbursement of clients. [Statutory Authority: RCW 72.01.090, 72.33.165, 72.33.800, and 72.33.810. 78-04-003 (Order 1277), § 275-27-635, filed 3/2/78.] Repealed by 82-06-034 (Order 1771), filed 3/1/82. Statutory Authority: RCW 71.20.070, 72.33.125 and 72.33.850.
- 275-27-640 Protection of client rights. [Statutory Authority: RCW 72.01.090, 72.33.165, 72.33.800, and 72.33.810. 78-04-003 (Order 1277), § 275-27-640, filed 3/2/78.] Repealed by 82-06-034 (Order 1771), filed 3/1/82. Statutory Authority: RCW 71.20.070, 72.33.125 and 72.33.850.
- 275-27-660 Early childhood developmental centers—Services. [Statutory Authority: RCW 72.01.090, 72.33.165, 72.33.800, and 72.33.810. 78-04-003 (Order 1277), § 275-27-660, filed 3/2/78.] Repealed by 82-06-034 (Order 1771), filed 3/1/82. Statutory Authority: RCW 71.20.070, 72.33.125 and 72.33.850.
- 275-27-665 Early childhood developmental center—Staffing. [Statutory Authority: RCW 72.01.090, 72.33.165, 72.33.800, and 72.33.810. 78-04-003 (Order 1277), § 275-27-665, filed 3/2/78.] Repealed by 82-06-034 (Order 1771), filed 3/1/82. Statutory Authority: RCW 71.20.070, 72.33.125 and 72.33.850.
- 275-27-680 Adult developmental training center—Services. [Statutory Authority: RCW 72.01.090, 72.33.165, 72.33.800, and 72.33.810. 78-04-003 (Order 1277), § 275-27-680, filed 3/2/78.] Repealed by 82-06-034 (Order 1771), filed 3/1/82. Statutory Authority: RCW 71.20.070, 72.33.125 and 72.33.850.
- 275-27-685 Adult developmental training center—Staffing. [Statutory Authority: RCW 72.01.090, 72.33.165, 72.33.800, and 72.33.810. 78-04-003 (Order 1277), § 275-27-685, filed 3/2/78.] Repealed by 82-06-034 (Order 1771), filed 3/1/82. Statutory Authority: RCW 71.20.070, 72.33.125 and 72.33.850.

**WAC 275-27-230 Placement services.** (1) Unless an individual is placed pursuant to court order, the bureau's case services section shall be responsible for placement services for all eligible bureau clients into and out of state schools, into and out of other residential facilities, and into and out of nonresidential programs.

(2) The placement determination shall include, to the maximum extent feasible, the client, his or her parent(s) or guardian and all other responsible parties.

(3) The emergency admission of any individual to a state school shall not exceed thirty days.

(4) A temporary admission of any individual to a state school for respite care or diagnostic services shall not exceed thirty days.

(5) Placement by the bureau in a county-funded service is limited as follows:

(a) The service must be included in a state approved county plan;

(b) Placement and funding is limited to those cases where the local school district is not responsible for provision of county-funded services: *Provided*, That:

(i) The bureau shall aid the client in obtaining required services from the local school district;

(ii) Exceptions may be granted by the bureau for county-funded services during nonschool months. [Statutory Authority: RCW 71.20.070, 72.33.125 and 72.33.850. 82-06-034 (Order 1771), § 275-27-230, filed 3/1/82. Statutory Authority: RCW 72.01.090, 72.33.040, 72.33.125, and 72.33.165. 78-04-033 (Order 1280), § 275-27-230, filed 3/16/78; Order 1143, § 275-27-230, filed 8/11/76.]

**WAC 275-27-600 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-27-605 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-27-610 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-27-615 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-27-620 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-27-630 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-27-635 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-27-640 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-27-660 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-27-665 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-27-680 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-27-685 Repealed.** See Disposition Table at beginning of this chapter.



## Chapter 275-38 WAC

## IMR PROGRAM AND REIMBURSEMENT SYSTEM

## WAC

275-38-001	Terms.
275-38-005	IMR care.
275-38-007	IMR facilities.
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275-38-020	Closure of an IMR facility.
275-38-025	Adequate IMR care.
275-38-030	Continuity of resident care.
275-38-035	IMR contract—Noncompliance.
275-38-040	Classification of IMR residents.
275-38-045	Minimum staff requirements.
275-38-050	Placement of IMR client.
275-38-055	Transfer of IMR client—Relocation.
275-38-060	IMR resident rights—Relocation.
275-38-065	Transfer or discharge planning.
275-38-075	Discharge or leave of an IMR resident.
275-38-080	Social leave for IMR residents.
275-38-510	Prospective cost-related reimbursement.
275-38-515	Conditions of participation.
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275-38-525	Change of ownership.
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275-38-550	Improperly completed or late reports.
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275-38-600	Field audits.
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275-38-640	Date settlement becomes final.
275-38-642	Interest on settlements.
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275-38-660	Trust moneys control or disbursement.
275-38-665	Trust moneys availability.
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275-38-670	Procedure for refunding trust money.
275-38-675	Liquidation of trust fund.
275-38-678	Resident property records.
275-38-680	Allowable costs.
275-38-685	Substance prevails over form.
275-38-690	Offset of miscellaneous revenues.
275-38-695	Costs of meeting standards.
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275-38-705	Start-up costs.
275-38-715	Education and training.
275-38-720	Total compensation—Owners, relatives, and certain administrative personnel.
275-38-725	Owner or relative—Compensation.
275-38-730	Maximum allowable compensation of certain administrative personnel.
275-38-735	Disclosure and approval of joint facility cost allocation.
275-38-740	Management agreements, management fees, and central office services.
275-38-745	Allowable interest.

275-38-750	Offset of interest income.
275-38-760	Operating leases of facilities and equipment.
275-38-765	Rental expense paid to related organizations.
275-38-770	Capitalization.
275-38-775	Depreciation expense.
275-38-780	Depreciable assets.
275-38-785	Depreciation base.
275-38-790	Depreciation base—Donated or inherited assets.
275-38-795	Lives.
275-38-800	Methods of depreciation.
275-38-805	Retirement of depreciable assets.
275-38-810	Handling of gains and losses upon retirement of depreciable assets.
275-38-812	Handling of gains and losses upon retirement of depreciable assets—Other periods.
275-38-815	Recovery of excess over straight-line depreciation.
275-38-820	Unallowable costs.
275-38-830	Prospective reimbursement rates.
275-38-835	Program services not covered by the reimbursement rate.
275-38-840	Prospective reimbursement rate for new contractors.
275-38-845	Rate determination.
275-38-850	Cost centers.
275-38-855	Method of rate determination.
275-38-860	Resident care and habilitative services cost center rate.
275-38-865	Food cost center rate.
275-38-870	Administration and operations cost center rate.
275-38-875	Property cost center rate.
275-38-880	Return on investment.
275-38-885	Upper limits to reimbursement rate.
275-38-895	Notification of rates.
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275-38-905	Requests for revision of a prospective rate.
275-38-910	Public review of rate-setting methods and standards.
275-38-915	Public disclosure of rate-setting methodology.
275-38-920	Billing period.
275-38-925	Billing procedures.
275-38-930	Charges to residents.
275-38-935	Payment.
275-38-940	Suspension of payment.
275-38-945	Termination of payments.
275-38-950	Disputes.
275-38-955	Recoupment of undisputed overpayments.
275-38-960	Administrative review process.

**WAC 275-38-001 Terms.** Unless the context clearly requires otherwise, the following terms shall have the meaning set forth in this section when used in this chapter.

(1) "Accrual method of accounting" – A method of accounting where revenues are reported in the period when earned, regardless of when collected, and expenses are reported in the period incurred, regardless of when paid.

(2) "Active treatment in institutions for the mentally retarded" requires the following:

(a) The individual's regular participation, in accordance with an individual habilitation plan, in professionally developed and supervised activities, experiences, or therapies.

(b) A written individual habilitation plan setting forth measurable goals or objectives stated in terms of desirable behavior and prescribing an integrated program of activities, experiences or therapies necessary for the individual to reach the goals or objectives. The overall purpose of the plan is to help the individual function at the greatest physical, intellectual, social, or vocational level he or she can presently or potentially achieve.

(c) An interdisciplinary professional evaluation:

(i) Completed, for a recipient, before admission to the institution but not more than three months before, and for an individual applying for medicaid after admission, before the institution requests payment;

(ii) Consisting of complete medical, social, psychological diagnosis and evaluations, and an evaluation of the individual's need for institutional care; and

(iii) Made by a physician, a social worker, and other professionals, at least one of whom is a qualified mental retardation professional.

(d) Reevaluation medically, socially, and psychologically at least annually by the staff involved in carrying out the resident's individual plan of care. The reevaluation must include review of the individual's progress toward meeting the plan objectives, the appropriateness of the individual plan of care, assessment of his or her continuing need for institutional care, and consideration of alternate methods of care.

(e) An individual postinstitutionalization plan, as part of the individual plan of care, developed before discharge by a qualified mental retardation professional and other appropriate professionals.

(3) "Allowable costs" – See WAC 275-38-680.

(4) "Appraisal" – The process of establishing the fair market value or reconstruction of the historical cost of an asset acquired in a past period as performed by an individual professionally designated either by the American institute of real estate appraisers as a member, appraisal institute (MAI), or by the society of real estate appraisers as a senior real estate analyst (SREA) or a senior real property appraiser (SRPA). The process includes a systematic, analytic determination, the recording and analyzing of property facts, rights, investments, and values based on a personal inspection and inventory of the property.

(5) "Arm's-length transaction" – A transaction resulting from good-faith bargaining between a buyer and seller, where neither party is legally related to the other party by blood or under law, and having adverse positions in the market place. Sales or exchanges of IMR or nursing home facilities among two or more parties where all parties subsequently continue to own one or more of the facilities involved in the transaction shall not be considered arm's-length transactions. Sale of a IMR facility subsequently leased back to the seller within five years of the date of sale shall not be considered an arm's-length transaction.

(6) "Assets" – Economic resources of the contractor, recognized, and measured in conformity with generally accepted accounting principles. Assets also include deferred charges, not resources, but assets recognized and measured in accordance with generally accepted accounting principles.

(7) "Bad debts" – Amounts considered to be uncollectable from accounts and notes receivable.

(8) "Beds" – Unless otherwise specified, the number of set-up beds in the IMR facility, not to exceed the number of licensed beds.

(9) "Beneficial owner" – Any person:

(a) Directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise has or shares:

(i) Voting power including the power to vote, or to direct the voting of such ownership interest; and/or

(ii) Investment power including the power to dispose, or to direct the disposition of such ownership interest.

(b) Directly or indirectly, creates or uses a trust, proxy, power of attorney, pooling arrangement, or any other contract, arrangement, or device with the purpose or effect of divesting himself or herself of beneficial ownership of an ownership interest or preventing the vesting of such beneficial ownership as part of a plan or scheme to evade the reporting requirements of this chapter.

(c) Subject to subsection (9) of this section, has the right to acquire beneficial ownership of such ownership interest within sixty days, including but not limited to any right to acquire:

(i) Through the exercise of any option, warrant, or right;

(ii) Through the conversion of an ownership interest;

(iii) Pursuant to the power to revoke a trust, discretionary account, or similar arrangement; or

(iv) Pursuant to the automatic termination of a trust, discretionary account, or similar arrangement;

Except, any person acquiring an ownership interest or power specified in subsection (9)(c)(i), (ii), or (iii) of this section with the purpose or effect of changing or influencing the control of the contractor, or in connection with or as a participant in any transaction having such purpose or effect, immediately upon such acquisition shall be deemed to be the beneficial owner of the ownership interest acquired through the exercise or conversion of such ownership interest or power.

(d) Any person in the ordinary course of business having a pledge of ownership interest under a written pledge agreement shall not be deemed to be the beneficial owner of such pledged ownership interest until the pledgee has taken all formal steps necessary required to declare a default and determine the power to vote or to direct the vote or to dispose or to direct the disposition of such pledged ownership interest will be exercised: *Provided, That*

(i) The pledge agreement is bona fide and was not entered into with the purpose nor with the effect of changing or influencing the control of the contractor, nor in connection with any transaction having such purpose or effect, including persons meeting the conditions set forth in subsection (9) of this section; and

(ii) The pledge agreement, prior to default, does not grant to the pledgee:

(A) The power to vote or direct or to direct the vote of the pledged ownership interest; or

(B) The power to dispose or direct the disposition of the pledged ownership interest, other than the grant of such power(s) pursuant to a pledge agreement where credit is extended and where the pledgee is a broker or dealer.

(10) "Boarding home" – Means any home or other institution licensed in accordance with chapter 18.20 RCW.

(11) "Capitalization" – The recording of an expenditure as an asset.

(12) "Capitalized lease" – A lease required to be recorded as an asset and associated liability in accordance with generally accepted accounting principles.

(13) "Cash method of accounting" – A method of accounting where revenues are recognized only when cash is received, and expenditures are expensed, and asset items are not recorded until cash is disbursed.

(14) "Change of ownership" – A change in the individual or legal organization responsible for the daily operation of an IMR facility.

(a) Events changing ownership include but are not limited to the following:

(i) The form of legal organization of the owner is changed (such as a sole proprietor forms a partnership or corporation);

(ii) Title to the IMR enterprise is transferred by the contractor to another party;

(iii) The IMR facility is leased, or an existing lease is terminated;

(iv) Where the contractor is a partnership, any event occurs dissolving the partnership;

(v) Where the contractor is a corporation, the corporation is dissolved, merges with another corporation which is the survivor, or consolidates with one or more other corporations to form a new corporation.

(b) Ownership does not change when the following occurs:

(i) A party contracts with the contractor to manage the enterprise as the contractor's agent, (i.e., subject to the contractor's general approval of daily operating decisions);

(ii) If the contractor is a corporation, some or all of the corporation's stock is transferred.

(15) "Charity allowances" – Reductions in charges made by the contractor because of the indigence or medical indigence of a resident.

(16) "Contract" – A contract between the department and a contractor for the delivery of IMR services to eligible medicaid recipients in a facility and an entity responsible for operational decisions.

(17) "Contractor" – An entity contracting with the department to deliver IMR services to eligible medicaid recipients.

(18) "Courtesy allowances" – Reductions in charges in the form of an allowance to physicians, clergy, and others, for services received from the contractor. Employee fringe benefits are not considered courtesy allowances.

(19) "CSO" – The local community services office of the department.

(20) "DDD" – The division of developmental disabilities of the department.

(21) "Department" – The department of social and health services (DSHS) and employees.

(22) "Depreciation" – The systematic distribution of the cost or other base of a tangible asset less salvage, over the estimated useful life of the asset.

(23) "Donated asset" – An asset the contractor acquired without making any payment in the form of cash, property, or services. An asset is not a donated asset if the contractor made even a nominal payment in acquiring the asset. An asset purchased using donated funds is not a donated asset.

(24) "Entity" – An individual, partnership, corporation, public institution established by law, or any other association of individuals, capable of entering enforceable contracts.

(25) "Equity capital" – Total tangible and other assets necessary, ordinary, and related to patient care from the most recent provider cost report minus related total long-term debt from the most recent provider cost report plus working capital as defined in this section.

(26) "Facility" – An IMR residential setting licensed in accordance with chapter 18.51 RCW as a nursing home, licensed in accordance with chapter 18.20 RCW as a boarding home for the aged, or certified as an IMR by the department in accordance with federal regulations.

(27) "Fair market value" – The price the asset would have been purchased for on the date of acquisition in an arm's-length transaction between a well-informed buyer and seller, neither being under any compulsion to buy or sell.

(28) "Fiscal year" – The operating or business year of a contractor. All contractors report on the basis of a twelve-month fiscal year, but provision is made in this chapter for reports covering abbreviated fiscal periods.

(29) "Generally accepted accounting principles" – Accounting principles currently approved by the financial accounting standard board (FASB).

(30) "Goodwill" – The excess of the price paid for a business over the fair market value of all other identifiable and tangible assets acquired. Also, the excess of the price paid for an asset over fair market value.

(31) "Habilitative services" – Those services required by the individual habilitation plan provided or directed by qualified therapists.

(32) "Historical cost" – The actual cost incurred in acquiring and preparing an asset for use, including feasibility studies, architects' fees, and engineering studies.

(33) "Imprest fund" – A fund regularly replenished in exactly the amount expended from the fund.

(34) "IMR" – When referring to a facility, one certified to provide services to the mentally retarded or persons with related conditions. When referring to a level of care, IMR is a range of services required for the mentally retarded or persons with related conditions. When referring to a person, a recipient requiring IMR services.

(35) "Interest" – The cost incurred for the use of borrowed funds, generally paid at fixed intervals by the user.

(36) "Joint facility costs" – Any costs representing expenses incurred benefiting more than one facility, or one facility and any other entity.

(37) "Levels of care" – The classification of levels of services provided to residents by a contractor, (e.g., levels A, B, C, D and E.)

(38) "Medicaid program" – The state medical assistance program provided under RCW 74.09.500 or authorized state medical services.

(39) "Medical assistance recipient" – An individual determined eligible for medical assistance by the department for the services provided in chapter 74.09 RCW.

(40) "Nonallowable costs" – Same as "unallowable costs."

(41) "Nonrestricted funds" – Donated funds not restricted to a specific use by the donor, (e.g., general operating funds).

(42) "Nursing home" – A home, place or institution, licensed in accordance with chapter 18.51 RCW, where skilled nursing, intermediate care and/or IMR services are delivered.

(43) "Operating lease" – A lease under which rental or lease expenses are included in current expenses in accordance with generally accepted accounting principles.

(44) "Owner" – A sole proprietor, general or limited partner, or beneficial interest holder of five percent or more of a corporation's outstanding stock.

(45) "Ownership interest" – All interests beneficially owned by a person, calculated in the aggregate, regardless of the form such beneficial ownership takes.

(46) "Per diem (per resident day) costs" – Total allowable costs for a fiscal period divided by total resident days for the same period.

(47) "Prospective daily payment rate" – The daily amount assigned to each contractor, determined by the department to be reasonable to meet the costs of providing services required by law if the contractor provides those services in an economical and efficient manner. Such a rate is a budget for maximum expenditures necessary to provide services required by law.

(48) "Qualified mental retardation professional (QMRP)" – A therapist approved by the department having specialized training and one year's experience in working with the mentally retarded or developmentally disabled.

(49) "Qualified therapist" – Any of the following:

(a) An activities specialist having specialized education, training, or experience as specified by the department.

(b) An audiologist eligible for a certificate of clinical competence in audiology or having the equivalent education and clinical experience.

(c) A dental hygienist as defined by chapter 18.29 RCW.

(d) A dietitian: Eligible for registration by the American dietetic association under requirements in effect on January 17, 1974; or having a baccalaureate degree with major studies in food and nutrition, dietetics, or food service management; having one year supervisory experience in the dietetic service of a health care institution; and participating annually in continuing dietetic education.

(e) An occupational therapist being a graduate of a program in occupational therapy, or having the equivalent of such education or training.

(f) A pharmacist as defined by chapter 18.64 RCW.

(g) A physical therapist as defined by chapter 18.74 RCW.

(h) A physician as defined by chapter 18.71 RCW or an osteopathic physician as defined by chapter 18.57 RCW.

(i) A psychologist as defined by chapter 18.83 RCW.

(j) A qualified mental retardation professional.

(k) A registered nurse as defined by chapter 18.88 RCW.

(l) A social worker who is a graduate of a school of social work.

(m) A speech pathologist eligible for a certificate of clinical competence in speech pathology or having the equivalent education and clinical experience.

(50) "Recipient" – An eligible medical care recipient.

(51) "Regression analysis" – A statistical technique through which one can analyze the relationship between a dependent or criterion variable and a set of independent or predictor variables.

(52) "Regional services" – Local office division of developmental disabilities.

(53) "Related organization" – An entity which is under common ownership and/or control with, or has control of or is controlled by, the contractor. An entity is deemed to "control" another entity if one entity has a five percent or greater ownership interest in the other, or if an entity has capacity, derived from any financial or other relationship, and whether or not exercised, to influence directly or indirectly the activities of the other.

(54) "Relative" – Spouse; natural parent, child, or sibling; adopted child or adoptive parent; step-parent, step-child, step-brother, step-sister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law; grandparent or grandchild; uncle, aunt, nephew, niece or cousin.

(55) "Resident day" – A calendar day of resident care. In computing calendar days of care, the day of admission is always counted. The day of discharge is counted only when the resident was admitted on the same day. A resident is admitted for purposes of this definition when he or she is assigned a bed and a resident record is opened.

(56) "Resident living staff" – Staff whose primary responsibility is the care and development of the residents, including:

(a) Resident activity program;

(b) Domiciliary services; and/or

(c) Habilitative services under the supervision of the QMRP.

(57) "Restricted fund" – A fund where the use of the principal and/or income is restricted by agreement with or direction by the donor to a specific purpose, in contrast to a fund over which the owner has complete control. These generally fall into three categories:

(a) Funds restricted by the donor to specific operating purposes;

(b) Funds restricted by the donor for additions to property, plant, and equipment; and

(c) Endowment funds.

(58) "Secretary" - The secretary of DSHS.

(59) "Start-up costs" - The one-time preopening costs incurred from the time preparation begins on a newly constructed or purchased building until the first resident is admitted. Start-up costs include administrative and nursing salaries, utility costs, taxes, insurance, repairs and maintenance, training costs, etc. Start-up costs do not include expenditures for capital assets.

(60) "Title XIX" - The 1965 amendments to the Social Security Act, P.L. 89-07, as amended.

(61) "Unallowable costs" - Costs not meeting every test of an allowable cost, as determined in WAC 275-38-680.

(62) "Uniform chart of accounts" - A list of account titles identified by code numbers established by the department for contractors to use in reporting costs.

(63) "Vendor number" - A number assigned to each contractor delivering IMR services to IMR Medicaid recipients.

(64) "Working capital" - Total current assets necessary, ordinary, and related to resident care as reported in the most recent cost report minus total current liabilities necessary, ordinary, and related to resident care from the most recent cost report. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-001, filed 8/3/82.]

**WAC 275-38-005 IMR care.** (1) The department has the administrative and legal responsibility to purchase the services of an institution for the mentally retarded and persons with similar conditions (IMR), and IMR-based services for eligible developmentally disabled persons. The department has the responsibility to assure adequate care, service, and protection are provided through licensing and certification procedures.

(2) The intent of this chapter is to establish standards for habilitative training, health related care, supervision, and residential services to eligible persons.

(3) Each IMR facility shall be certified as a Title XIX IMR facility.

(4) Each IMR facility with a certified capacity of sixteen beds or more shall be certified and/or licensed as a nursing home in accordance with chapter 18.51 RCW.

(5) Each private IMR facility with a certified capacity of fifteen beds or less shall be licensed as a boarding home for the aged in accordance with chapter 18.20 RCW.

(6) Facilities certified to provide IMR services must comply with all applicable federal regulations under Title XIX, Section 1905 of the Social Security Act 42 U.S.C. as amended, as well as state regulations governing the licensing of nursing homes or boarding homes for the aged, and other relevant state regulations.

(7) The sections of this chapter will supersede and replace any and all sections affecting IMR facilities or programs in chapters 388-88 and 388-96 WAC except

where specifically referenced in this chapter. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-005, filed 8/3/82.]

**WAC 275-38-007 IMR facilities.** (1) Contracts with IMR facilities will specify one of five levels (A, B, C, D, and E) of service. Clients will be referred for admission to IMR facilities by the DDD regional services office. Admission will be verified and classification determined by a qualified mental retardation professional employed by the department. This classification will specify one of these five levels of service.

(2) At least fifty percent of the licensed bed capacity of a facility will be occupied by persons with mental retardation or related conditions as of the date of application for certification.

(3) Facilities shall not admit any person as a resident except developmentally disabled persons after the date of certification. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-007, filed 8/3/82.]

**WAC 275-38-015 Name of IMR.** The division will recognize only the official name of an IMR as shown on the license. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-015, filed 8/3/82.]

**WAC 275-38-020 Closure of an IMR facility.** When a facility is due to cease operations, the facility has the responsibility of notifying the department in writing, giving sixty days notice. Upon receipt of notice of closure of a facility, the department shall cease referral of clients to the facility and proceed in the orderly relocation of the residents. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-020, filed 8/3/82.]

**WAC 275-38-025 Adequate IMR care.** Care and services rendered must be justified as essential to the resident's habilitation and health care needs, with the overall goal of the resident attaining the highest level of independence. Each IMR is obligated to assure the provision of adequate habilitative training and health care to include but not limited to:

(1) Active treatment as defined in WAC 275-38-001.

(2) Services to the resident by or under the supervision of qualified therapists in accordance with the identified needs of the individual resident.

(3) Provide routine items and supplies uniformly used for all residents.

(4) Surgical appliances, prosthetic devices, and aids to mobility required for the exclusive use of an individual resident are available to the recipient pursuant to WAC 388-86-100.

(5) Nonreusable supplies not usually provided for all residents may be individually ordered in accordance with WAC 388-86-005(2). Requests for such supplies must be authorized by a department representative.

(6) Each IMR facility is responsible for providing transportation to and from the day training programs. Responsibility for transportation may include assurance

of resident's use of public transportation. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-025, filed 8/3/82.]

**WAC 275-38-030 Continuity of resident care.**

When a resident is transferred from one IMR facility to another, from an IMR facility to the hospital, from the hospital to an IMR facility, or to alternative community placement, essential information concerning the resident, his or her condition, regimen of care and training must be transmitted in writing by the sending facility to the receiving facility at the time of the resident's transfer. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-030, filed 8/3/82.]

**WAC 275-38-035 IMR contract--Noncompliance.**

When a facility is in violation of the terms of the contract, the department may temporarily suspend the referral of residents to the facility. Whenever referral is suspended under this section, the facility will immediately be notified in writing of the suspension and of the basis for the department's action. Suspension may continue until the department determines the infraction has been corrected. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-035, filed 8/3/82.]

**WAC 275-38-040 Classification of IMR residents.**

(1) For IMR residents the level of care determinations are made by a qualified mental retardation professional employed by the department, in accordance with his or her best professional judgment. Each IMR resident shall be classified by the level of care the resident may individually need. The levels of care are A, B, C, D, or E.

(2) In making IMR classification decisions, the departmental representative shall utilize the following guidelines:

(a) Level A residents:

(i) Require twenty-four hour licensed nursing supervision; and

(ii) May attend day training in community based programs; and

(iii) Manifest behaviors requiring highly structured behavioral management programs; or

(iv) Not able to receive adequate care or services in a lesser level of IMR.

(b) Level B residents:

(i) Require licensed nursing supervision for at least eight hours each day; and

(ii) May attend day training in community based program; and

(iii) Manifest behaviors requiring highly structured behavioral management programs; or

(iv) Not able to receive adequate care or services in a lesser level of IMR.

(c) Level C residents:

(i) Require twenty-four hours of licensed nursing supervision; and

(ii) Capable of participating in off-premises day training programs; or

(iii) Not able to receive adequate care or services in a lesser level of IMR.

(d) Level D residents:

(i) Require licensed nursing supervision for at least eight hours each day; and

(ii) Capable of participating in off-premises day training programs; or

(iii) Not able to receive adequate care or services at a lesser level of IMR.

(e) Level E residents:

(i) Require health-related supervision but not licensed nursing supervision. The facility must provide for licensed consultation to supervise the health care needs of the residents;

(ii) Capable of attending an off-premises day training program; and

(iii) Not able to receive adequate care or services at a less restrictive level of residential setting.

(3) The classification of IMR residents shall be periodically reviewed by a qualified mental retardation professional employed by the department for the purposes of:

(a) Determining the need for continued stay; and

(b) Identify the level of care required to meet the needs of the resident.

(4) Classification changes shall be made in accordance with the needs of the resident and in accord with appeal and relocation procedures outlined in WAC 275-27-500 and 275-38-060 as applicable. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-040, filed 8/3/82.]

**WAC 275-38-045 Minimum staff requirements.** (1)

Each level of IMR must provide staff adequate in numbers and qualifications to meet the need of the residents.

(2) Specifically, the IMR must provide at least the following:

(a) Level A:

(i) Facility-based physician staff to provide for twenty-four hour medical supervision to include examination, diagnosis, planning, implementation, and review of appropriate medical regimen for each resident;

(ii) One full-time registered nurse as director of nursing services with sufficient additional licensed nurses to provide twenty-four hour nursing supervision;

(iii) Facility-based qualified therapist staff in accordance with WAC 275-38-025;

(iv) Sufficient resident living staff to meet the needs of the residents in care level A;

(v) Sufficient qualified mental retardation professional staff to meet the needs of the residents.

(b) Level B:

(i) Facility-based physician staff sufficient to provide for medical supervision to include examination, diagnosis, planning, implementation, and review of an appropriate medical regimen for each resident;

(ii) At least one registered nurse responsible as the director of nursing services and in addition sufficient licensed nurses to provide nursing supervision of the facility for at least eight hours per day;

(iii) Facility-based qualified therapist staff in accordance with WAC 275-38-025;

(iv) Sufficient resident living staff to meet the needs of the residents in care level B;

(v) Sufficient qualified mental retardation professional staff to meet the needs of the residents.

(c) Level C:

(i) A physician as a consultant medical director to the facility;

(ii) One full-time registered nurse as director of nursing services with additional licensed nurses to provide twenty-four hour nursing supervision of the facility;

(iii) Sufficient resident living staff to meet the needs of the residents in care level C;

(iv) Sufficient qualified mental retardation professional staff to meet the needs of the residents;

(v) Consultant qualified therapist staff in accordance with WAC 275-38-025.

(d) Level D:

(i) A physician as a consultant medical director to the facility;

(ii) A licensed nurse responsible as the director of nursing services with additional licensed nurses to provide nursing supervision of the facility for at least eight hours per day;

(iii) Sufficient resident living staff to meet the needs of the residents in care level D;

(iv) Sufficient qualified mental retardation professional staff to meet the needs of the residents;

(v) Consultant qualified therapist staff in accordance with WAC 275-38-025.

(e) Level E:

(i) A physician as a consultant medical director to the facility;

(ii) A registered nurse as a consultant to the facility, responsible for the health care needs of the residents;

(iii) Sufficient resident living staff must be provided to assure at least one staff is on duty in the facility when residents are present;

(iv) Sufficient qualified mental retardation professional staff to meet the needs of the residents;

(v) Qualified consultant therapists in accordance with WAC 275-38-025. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-045, filed 8/3/82.]

**WAC 275-38-050 Placement of IMR client.** Placement into an IMR facility is the responsibility of the division of developmental disabilities and shall be accomplished in accordance with the applicable federal and state regulations. The client's classification and eligibility for IMR services shall be determined by representatives of the department before payment can be approved: *Provided*, That a facility may not admit a client requiring services the facility is not able to provide. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-050, filed 8/3/82.]

**WAC 275-38-055 Transfer of IMR client--Relocation.** (1) The department is responsible for assuring individual client's health care and rehabilitative training needs are identified and met, as provided by state and

federal regulations. The department is therefore responsible for assuring that each client is placed in a facility certified as capable of meeting the needs of the client.

(2) Each client admitted to a facility may be transferred or discharged only for medical reasons, or for his or her welfare or the welfare of other residents of the facility. This determination shall be made by the department based on an assessment of the resident, consultation with the service provider, and a review of the relevant records.

(3) If the services being provided to a resident are not commensurate with the resident's needs, the department is responsible for initiating and facilitating the resident's relocation.

A circumstance where the department would enforce immediate movement of a resident from an IMR facility is the revocation or suspension of the IMR certification and/or license.

(4) Upon the determination by the department that a facility will no longer operate or be allowed to operate an IMR, because of any violation of the facility's contract or these regulations or state or federal law, the department will provide notice to the resident and the guardian, next-of-kin, or responsible party that thirty days following the mailing date of the letter, the resident will be required to relocate: *Provided*, That nothing in this section shall require a pretransfer notice be given when the secretary or his or her designee determines an immediate threat to health and/or safety exists or moves may be accomplished sooner at the request of the resident or with the resident's consent.

(5) Decertification, termination, or nonrenewal of contract actions require a stop payment of Title XIX funds. Such actions do not affect the facility's right to operate as a nursing home or boarding home, but does disqualify the facility from operating as an IMR facility and receiving federal funds. When termination of federal funds is contemplated, residents must be informed.

(6) When relocation is required, a designated representative of the department will conduct a review and assessment for the classification. Thirty days prior to any implementation of a change in the level of care, resulting in the change of the services required and provided, or because of the transfer, the department shall notify, in writing, the resident and guardian, next-of-kin, or responsible party pursuant to WAC 275-38-060.

(7) Grounds for the request by a facility to have a resident relocated or discharged are limited to the following:

(a) Medical reasons;

(b) Resident's welfare;

(c) The welfare of the other residents; or

(d) Nonpayment of services provided to the resident during his or her stay at the facility.

The facility shall follow the following procedure:

(i) The facility shall send a request in writing to the department, for relocation or discharge of a resident. This request shall include the grounds for the request and substantiation of concurrence by the interdisciplinary team in the development of an appropriate individual habilitation plan.

(ii) The department shall approve or deny the request for relocation or discharge based on an on-site visit with the resident and a review of his or her records, within fifteen working days following the receipt of the request.

(iii) The facility administrator shall be informed of the department's approval or denial of the request.

(iv) If the facility's request is approved, the department shall notify, in writing, the resident or the resident's guardian, or next-of-kin, or responsible party, of the decision pursuant to WAC 275-38-060.

(v) The resident and the department will be allowed thirty days from the date that the resident is notified of relocation or discharge by the department in order to facilitate relocation.

(e) The resident has a right to request relocation and to select the IMR he or she desires for placement. If this selection is available and appropriate to the habilitation and health care needs of the resident, all reasonable attempts to accomplish relocation shall be made by the department.

(i) The resident or the resident's guardian must request such a move in writing.

(ii) Arrangements for relocation will be the responsibility of the division of developmental disabilities. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-055, filed 8/3/82.]

**WAC 275-38-060 IMR resident rights--Relocation.**

(1) Except in the cases specified in WAC 275-38-060(2), the resident (or guardian, next-of-kin, or responsible party of the resident if the resident has been adjudicated to be incompetent or under age eighteen) must be informed in writing thirty days prior to any relocation or reclassification to ensure orderly transfer or discharge. Such notice must include:

(a) The grounds for the proposed change and/or transfer;

(b) A statement that the resident or any other individual designated by the resident has a right to a conference with a division of developmental disabilities representative within thirty days of receipt of the notice;

(c) The right to request a fair hearing within thirty days of the notice to contest the department's decision;

(d) The method by which a fair hearing may be obtained;

(e) The right to be represented at the fair hearing by an authorized representative;

(f) The existence and locations of any legal services in the community that are available.

(2) A fair hearing request form shall be sent with the notice of relocation and/or reclassification.

(a) If the resident requests a fair hearing within the thirty day time period, the department shall not change the level of care or transfer the resident pending fair hearing decision or appeal rights, unless such action is warranted by the health or safety needs of the resident.

(b) If the secretary or his or her designee finds a change in the level of care is not appropriate, no further action shall be taken to change the level of care or

transfer the resident, unless there is a change in the situation or circumstances at which time the request may be resubmitted.

(c) If the secretary or his or her designee affirms the determination to change the resident's level of care and/or transfer, and no judicial review is filed within thirty days of the receipt of notice of determination, the department shall proceed with the planned action.

(d) If the secretary or his or her designee affirms the determination to change the resident's level of care and/or transfer and a request for judicial review has been filed, any proposed change and/or transfer shall be delayed pending the outcome of the process, unless such action is warranted by the health or safety needs of the resident.

(3) Advance notice is not required:

(a) If the resident or the resident's guardian requests a transfer in writing and waives the right to a period notice.

(b) In the event of an immediate threat to the resident's life or health, or life or health of others.

(4) Advance notice and planning does not include a right to a fair hearing for a resident when the department judges the facility where the resident resides is no longer able to provide Title XIX services due to:

(a) Termination of the facility's contract.

(b) Decertification of the facility.

(c) Nonrenewal of the facility's contract.

(d) Revocation of the facility's license.

(e) Emergency license suspension. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-060, filed 8/3/82.]

**WAC 275-38-065 Transfer or discharge planning.**

A suitable discharge and/or transfer plan must be prepared by the division of developmental disabilities for each resident to be transferred or discharged. Transfers shall be dependent on the best interests of the resident. The plan shall include the location of available settings at the appropriate level of care consistent with the needs of the resident. The plan shall include:

(1) Coordination of communication between the staffs of the old and new facilities;

(2) Pretransfer visit, when the resident's condition permits, to the new facility, familiarizing the resident with the new surroundings, and other residents;

(3) Coordination of active participation by the resident's guardian or family in the transfer preparation;

(4) Coordination with staff members of the old and new facilities to discuss expectations and provide consultation on request;

(5) Posttransfer follow-up by the division of developmental disabilities to monitor the effects of the change. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-065, filed 8/3/82.]

**WAC 275-38-075 Discharge or leave of an IMR resident.** (1) A certified IMR facility having an IMR contract with the department shall contact the regional



services office, division of developmental disabilities giving immediate notification of unauthorized leave, disappearance, serious accident, or other traumatic incident effecting a resident or the resident's health or welfare.

(2) Discharge and readmission is required for all residents who are admitted as hospital inpatients. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-075, filed 8/3/82.]

**WAC 275-38-080 Social leave for IMR residents.**

(1) Social leaves should be consistent with goals and objectives of the resident's individual habilitation plan.

(2) Facility vacancies due to social leave of a resident will be reimbursed if such social leave complies with the individual habilitation plan and the following conditions:

(a) The facility shall notify the director of the division of developmental disabilities or his or her designee, of social leaves exceeding fifty-three hours.

(b) Social leaves over seven consecutive days require prior written approval by the director, division of developmental disabilities or his or her designee.

(c) Social leave in excess of seventeen days per year requires prior written approval by the director, division of developmental disabilities or his or her designee. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-080, filed 8/3/82.]

**WAC 275-38-510 Prospective cost-related reimbursement.** The prospective cost-related reimbursement system is the system used by the department to pay for IMR services provided to IMR residents. Reimbursement rates for such services will be determined in accordance with the principles, methods, and standards contained in this chapter. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-510, filed 8/3/82.]

**WAC 275-38-515 Conditions of participation.** In order to participate in the prospective cost-related reimbursement system, the person or legal organization responsible for operation of an IMR facility shall:

(1) Obtain a state certificate of need as required, pursuant to chapter 70.38 RCW;

(2) Hold the appropriate current license (e.g., nursing home, boarding home);

(3) Hold current Title XIX certification to provide IMR services;

(4) Hold a current contract to provide IMR services; and

(5) Comply with all provisions of the contract and all applicable regulations, including but not limited to the provisions of chapter 275-38 WAC. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-515, filed 8/3/82.]

**WAC 275-38-520 Projected budget for new contractors.** (1) Each new contractor shall submit a one-year projected budget to the department at least sixty days before the contract will become effective. For purposes of this section, a "new contractor" is one:

(a) Operating a new facility;

(b) Acquiring or assuming responsibility for operating an existing facility;

(c) Obtaining a certificate of need approval due to an addition to or renovation of a facility.

(2) The projected budget shall cover the twelve months immediately following the date the contractor will enter the program. The projected budget shall be prepared on forms and in accordance with instructions provided by the department. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-520, filed 8/3/82.]

**WAC 275-38-525 Change of ownership.** (1) On the effective date of a change of ownership, as defined in WAC 275-38-001, the department's contract with the former owner shall be terminated. The former owner shall give the department thirty days written notice of such termination in accordance with the terms of the contract. When certificate of need is required for the new owner to acquire the facility, and the new owner wishes to continue to provide service to recipients without interruption, certificate of need shall be obtained before the former owner submits a notice of termination.

(2) If the new contractor desires to participate in the cost-related reimbursement system, the contractor shall meet the conditions specified in WAC 275-38-515, and shall submit a projected budget in accordance with WAC 275-38-520 no later than sixty days before the date of the change of ownership. The IMR contract with the new owner shall be effective as of the date of the change of ownership. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-525, filed 8/3/82.]

**WAC 275-38-530 Termination of contract.** (1) When a contract is terminated for any reason, the former contractor shall submit final reports in accordance with WAC 275-38-575. Payment for care provided during the final thirty days of service under a contract will be held until the contractor has filed a properly completed final annual report, and final settlement has been determined.

(2) Following final settlement, a payment withheld pursuant to subsection (1) of this section will be sent to the contractor, after any overpayment determined in connection with final settlement has been deducted. If the contractor contests the settlement determination in accordance with WAC 275-38-940, the department will hold the amount in dispute pending completion of the appeal process, but will release the balance of such payment to the contractor.

(3) The department will release a payment which would be withheld pursuant to subsection (1) of this section, provided a bond issued by a reputable bonding company and acceptable to the department is filed by the contractor. The bond shall:

(a) Be in an amount equal to the released payment;

(b) Be for a term sufficient to ensure effectiveness after final settlement and the exhaustion of administrative and judicial remedies;

(c) Provide the full amount of the bond shall be paid to the department if a properly completed final annual report is not filed in accordance with this chapter, or if financial records supporting this report are not preserved and made available to the department's auditors; and

(d) Provide an amount equal to any recovery the department determines is due from the contractor at settlement, but not exceeding the amount of the bond, shall be paid to the department in the event the contractor does not pay the refund within sixty days following receipt of written demand or the conclusion of administrative or judicial proceedings to contest settlement issues.

(4) If a contract is terminated solely in order for the same owner to contract with the department to deliver IMR services to a different class of medical care recipients at the same IMR facility, the contractor is not required to submit final reports, and payment for the final thirty days will not be withheld.

(5) When a contract is terminated, any accumulated liabilities assumed by a new owner shall be reversed against the appropriate accounts by the contractor. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-530, filed 8/3/82.]

**WAC 275-38-535 Due dates for reports.** Annual reports covering the complete fiscal year shall be submitted within ninety days after the end of the fiscal year. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-535, filed 8/3/82.]

**WAC 275-38-540 Requests for extensions.** The department, upon a written request setting forth reasons for the necessity of an extension, may grant a thirty day extension of time for filing any required report, if the written request is received prior to the expiration of the relevant time period. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-540, filed 8/3/82.]

**WAC 275-38-545 Reports.** (1) In order for a contractor to receive payments under the cost-related reimbursement system for providing care to IMR residents, an annual report based on the contractor's fiscal year shall be submitted to the department.

(2) Each contractor's fiscal year for federal tax and cost reporting purposes shall coincide with the calendar year, except for state-owned and operated IMR facilities whose reporting form shall coincide with the facility's fiscal year. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-545, filed 8/3/82.]

**WAC 275-38-550 Improperly completed or late reports.** (1) For 1981 and subsequent annual cost reporting periods, an annual report, including the proposed settlement computed by cost center pursuant to WAC 275-38-630, must be completed in accordance with applicable statutes, departmental regulations and instructions. An annual cost report deficient in any of these respects may be returned in whole or in part to the contractor for proper completion. Annual reports must be

submitted by the due date determined in accordance with WAC 275-38-535.

(2) For purposes of establishing rates effective July 1, 1982, if a contractor has not corrected errors in an annual cost report, including the proposed settlement, according to subsection (1) of this section by May 15, 1982, such report shall be excluded from computation of the redistribution pool established pursuant to WAC 275-38-855(5) and the contractor shall be subject to the provisions of subsection (3) of this section.

(3) If a report is not properly completed or is not received by the department on or before the due date of the report, including any approved extensions, all or a part of any payments due under the contract may be held by the department until the improperly completed or delinquent report is properly completed and received by the department. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-550, filed 8/3/82.]

**WAC 275-38-555 Completing reports and maintaining records.** (1) All reports shall be legible and reproducible. It is recommended all entries be typed or in black ink.

(2) Reports shall be completed in accordance with instructions provided by the department. If no specific instruction covers a situation, generally accepted accounting principles shall be followed.

(3) The accrual method of accounting shall be used, except for governmental institutions operated on a cash method of accounting, data based on this method of accounting will be acceptable. All revenue and expense accruals shall be reversed against the appropriate accounts if not received or paid within one hundred twenty days after the accrual is made, unless special circumstances are documented justifying continuing to carry all or part of the accrual (e.g., contested billings). Accruals for vacation, holiday, sick pay, and taxes may be carried for longer periods, provided the contractor's usual policy is followed.

(4) Methods of allocating costs shall be consistently applied. Written approval must be obtained from the department if a contractor wishes to change an allocation method. Contractors operating multiservice facilities or facilities incurring joint facility costs shall allocate costs using the methods approved by the department under WAC 275-38-735.

(5) If a contractor fails to maintain records adequate for audit purposes or fails to allow inspection of such records by authorized personnel as provided in the contractor's IMR contract, the department may suspend all or part of subsequent reimbursement payments due under the contract until compliance is forthcoming. Upon compliance, the department shall resume current contract payments and shall release payments suspended pursuant to the contractor's IMR contract. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-555, filed 8/3/82.]

**WAC 275-38-560 Certification requirement.** Each required report shall be accompanied by a certification

signed on behalf of the contractor responsible to the department during the report period. If the contractor files a federal income tax return, the certification shall be executed by the person normally signing this return. The certification shall also be signed by the licensed administrator of the IMR facility. If the report is prepared by someone other than an employee of the contractor, a separate statement shall be included with the certification signed by the individual preparing the report and indicating his or her status with the contractor. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-560, filed 8/3/82.]

**WAC 275-38-565 Reports—False information.** (1) If a contractor knowingly or with reason to know files a report containing false information, such action constitutes cause for termination of the contractor's contract with the department.

(2) Adjustments to reimbursement rates required because a false report was filed will be made in accordance with WAC 275-38-885.

(3) Contractors filing false reports may be referred for prosecution under applicable statutes. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-565, filed 8/3/82.]

**WAC 275-38-570 Amendments to reports.** (1) For purposes of computing settlements, an amendment to an annual report shall be filed if significant errors or omissions are discovered prior to the commencement of the department's field audit. Errors or omissions shall be deemed "significant" if errors or omissions would mean a net difference of two cents or more per resident day or one thousand dollars or more in reported costs, whichever is higher, in any cost area. To file an amendment, only pages where changes are required need to be filed, together with the certification required by WAC 275-38-560. Adjustments to reimbursement rates resulting from an amended report will be made in accordance with WAC 275-38-885.

(2) If an amendment is filed, a contractor shall also submit with the amendment an account of the circumstances relating to and the reasons for the amendment, along with supporting documentation. The department may refuse to consider an amendment resulting in a more favorable settlement to a contractor if the amendment is not the result of circumstances beyond the control of the contractor or the result of good-faith error under the system of cost allocation and accounting in effect during the reporting period in question. Amendments may be submitted for purposes of adjusting reimbursement rates in accordance with WAC 275-38-900; however, use in this regard does not mean an amendment will be used for settlement purposes in the absence of conditions specified in subsection (2) of this section.

(3) Acceptance or use by the department of an amendment to a cost report shall in no way be construed as a release of applicable civil or criminal liability. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-570, filed 8/3/82.]

**WAC 275-38-575 Reporting for an abbreviated period.** (1) Reports shall be filed as required by the department when a contractor or IMR facility enters the prospective cost-related reimbursement system.

(2) If the contractor changes during a fiscal year, the former contractor shall submit a final annual report covering the period the contract was in effect during the fiscal year. The new contractor shall submit an annual report covering the period the contract is in effect during the fiscal year.

(3) An annual report shall be submitted within sixty days after the end of the abbreviated period. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-575, filed 8/3/82.]

**WAC 275-38-585 Requirement for retention of reports by the department.** The department will retain each required report for a period of three years following the date the report was submitted. If at the end of three years there are unresolved audit questions, the report will be retained until such questions are resolved. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-585, filed 8/3/82.]

**WAC 275-38-590 Disclosure of IMR facility reports.** Pursuant to chapter 388-320 WAC, all required financial and statistical reports submitted by IMR facilities to the department will be available for public disclosure. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-590, filed 8/3/82.]

**WAC 275-38-595 Desk review.** (1) The department will analyze each annual cost report within six months after the annual cost is properly completed and filed.

(2) If it appears from the analysis a contractor has not correctly determined or reported costs, the department may request additional information from the contractor. If the department deems it necessary in order to ensure correct reporting, the department may schedule a special field audit of the contractor. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-595, filed 8/3/82.]

**WAC 275-38-600 Field audits.** Each annual cost report will be field audited by auditors employed by or under contract with the department. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-600, filed 8/3/82.]

**WAC 275-38-605 Preparation for audit by the contractor.** (1) The department will normally notify the contractor at least two weeks in advance of a field audit.

(2) The contractor shall provide the auditors with access to the IMR and to all financial, statistical records, and work papers supporting the data in the cost report. Such records shall be made available at a location in the state of Washington specified by the contractor, as agreed by the department.

(3) The contractor shall reconcile reported data with applicable federal income and payroll tax returns and with the financial statement as of the end of the period

covered by the report. Such reconciliation shall be in suitable form for verification by the auditors. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-605, filed 8/3/82.]

**WAC 275-38-610 Scope of field audits.** (1) Auditors will review the contractor's record-keeping and accounting practices and, where appropriate, make written recommendations for improvements.

(2) Auditors will examine the contractor's financial and statistical records to verify:

(a) Supporting records are in agreement with reported data;

(b) Only expense items the department has specified as allowable costs have been included by the contractor in computing the costs of services provided under the contract;

(c) Allowable costs have been accurately determined and are reasonable, necessary, ordinary, and related to resident care; and

(d) Resident trust funds have been properly maintained.

(3) Auditors will prepare and provide draft audit narratives and summaries to the contractor before final narratives and summaries are prepared. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-610, filed 8/3/82.]

**WAC 275-38-615 Inadequate documentation.** The auditors will disallow any expenses reported as allowable costs not supported by adequate documentation in the contractor's financial records. Documentation must show the costs were incurred and were related to resident care and training. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-615, filed 8/3/82.]

**WAC 275-38-620 Deadline for completion of audits.** (1) Field audits will be completed within one year after a properly completed annual cost report is received by the department, provided field auditors are given timely access to the IMR facility and to all financial and statistical records necessary to audit the report.

(2) The department will give priority to field audits of final annual reports and whenever possible will begin such field audits within sixty days after a properly completed final annual report is received. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-620, filed 8/3/82.]

**WAC 275-38-625 Disclosure of audit narratives and summaries.** Final audit narratives and summaries prepared by the auditor will be available for public disclosure. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-625, filed 8/3/82.]

**WAC 275-38-630 Settlement.** (1) Beginning with calendar year 1981, the contractor shall submit a preliminary settlement report together with the contractor's annual cost report. This report shall compare the prospective rates paid to the contractor during the report period, weighted according to the number of resident

days each rate was in effect, with the contractor's allowable costs for the period, taking into account all authorized shifting (WAC 275-38-635) and the upper rate limits set out in WAC 275-38-885.

(2) Settlement shall be in accordance with the following principles:

(a) In the resident care and food cost areas, the contractor shall refund all portions of payments received for residents in excess of allowable resident care and food costs, respectively, for residents;

(b) In the administration, operations, and property cost areas, the contractor shall refund all portions of payments received for recipients in excess of administration, operations, and property costs, respectively, for recipients;

(c) In the property cost area, the contractor shall refund amounts determined under WAC 275-38-815 and for settlement periods prior to January 1, 1981, amounts determined under WAC 275-38-810;

(d) In the return on equity cost area, the contractor shall refund amounts determined under WAC 275-38-880(4).

(3) The department will either accept or reject the preliminary settlement reported within ninety days after the preliminary settlement report's receipt. If the department accepts the preliminary settlement report, the preliminary settlement report will become the proposed settlement report. If the department rejects the preliminary settlement report, the department will submit a proposed settlement report to the contractor.

(4) The contractor shall pay the refund, or shall commence repayment in accordance with a schedule determined by the department, within sixty days after receiving the proposed settlement report, unless the contractor's preliminary settlement report was rejected by the department and the contractor contests settlement issues in good faith in accordance with the procedures set out in WAC 275-38-960. If the settlement determination is contested, the contractor shall pay or commence repayment in accordance with a schedule determined by the department within sixty days after such proceedings are concluded. The department will pay any amount due the contractor as the result of errors in billing or payment disclosed on the proposed settlement report within thirty days after the settlement report is received by the contractor or within thirty days after proceedings to contest the settlement are concluded.

(5) If the contractor does not refund the overpayment and interest or any installment when due, the department may withhold payments from current billings until the overpayment is refunded. Payments will only be withheld under this subsection up to the underfunded amount of the overpayment.

(6) A proposed settlement may be revised by the department on the basis of audit findings. Payments of amounts determined to be due on revised settlement to either contractor or the department shall be made within the time limits specified in subsections (4) and (5) of this section. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-630, filed 8/3/82.]

**WAC 275-38-635 Shifting.** (1) For calendar year 1981 and subsequent years, in determining a contractor's settlement, if allowable costs were less than the rate in any cost area, savings will be shifted (or "transferred") to cover any deficit in another cost area.

(2) The amount shifted may not exceed twenty percent of the rate in the cost area into which the shift is made.

(3) No saving may be shifted into the property or return on equity cost areas. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-635, filed 8/3/82.]

**WAC 275-38-640 Date settlement becomes final.**

(1) A settlement will become final thirty days after the date the revised settlement is received by the contractor unless the contractor contests this determination in accordance with the procedures set out in WAC 275-38-960. In the event the settlement determination is contested, the settlement determination will be final as of the date these proceedings are concluded.

(2) A settlement for calendar year 1981 or subsequent years will become final one hundred twenty days after the final audit narrative and summary is sent to the contractor, if no revised settlement is sent to the contractor prior to that date.

(3) A settlement for a settlement period prior to January 1, 1981, will be reopened if necessary to make adjustments in accordance with WAC 275-38-810(4). [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-640, filed 8/3/82.]

**WAC 275-38-642 Interest on settlements.** (1) In any settlement for calendar year 1981 or a subsequent year, where an amount is determined to be due the department, that amount will bear interest at a rate of one percent per month from the date the settlement is sent to the contractor to the date of payment, unless the contractor establishes the overpayment was the result of errors made by the department.

(2) The contractor may, by payment of a disputed settlement in whole, or where approved by the department, in part, stop accrual on the amount paid. Such payment will be without prejudice to any right to obtain review of a settlement determination. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-642, filed 8/3/82.]

**WAC 275-38-645 Resident trust accounts.** (1) The provider shall establish and maintain, as a service to the recipient, a bookkeeping system, incorporated in the business records, adequate for audit, for all resident moneys entrusted to and received by the facility for the resident.

(2) The system will apply to the resident:

(a) Incapable of handling his or her own money and whose guardian, relative, developmental disabilities regional service office administrator, or physician makes written request of the facility to accept this responsibility; if the social security form SSA-780, "certificate of applicant for benefits on behalf of another," is utilized

as documentation, the form must be signed by one of the persons designated in this subsection.

(b) Capable of handling his or her own money, but requests the facility in writing to accept this responsibility.

(3) It shall be the responsibility of the provider to maintain such written authorization in the resident's file.

(4) The resident must be given at least a quarterly reporting of all financial transactions in his or her trust account. The representative payee, the guardian and/or other designated agents of the recipient must be sent a copy of the quarterly accounting report. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-645, filed 8/3/82.]

**WAC 275-38-650 Accounting procedures for resident trust accounts.** (1) The provider shall maintain a subsidiary ledger with an account for each resident for whom the provider holds money in trust. Each account and related supporting information shall:

(a) Be maintained at the facility;

(b) Be kept current;

(c) Be balanced each month, and;

(d) Show in detail, with supporting verification, all moneys received on behalf of the individual resident and the disposition of all moneys so received.

(2) Each account shall be available for audit and inspection by a department representative and be maintained for a minimum of three years. The provider further agrees to notify the division of developmental disabilities, regional services office of the department when:

(a) The account of any individual certified on or before December 31, 1973, having an award letter limit of two hundred dollars cash, reaches the sum of one hundred seventy-five dollars.

The regional services office will re-evaluate the status of each recipient certified under the eligibility criteria prior to January 1, 1974, having an award letter specifying a two hundred dollar cash limit.

(b) The account of any individual certified on or after January 1, 1974, having an award letter limit of one thousand five hundred dollars, reaches the sum of one thousand four hundred fifty dollars.

(c) For both groups, the accumulation toward the limit, after admission to the facility, is permitted only from savings from the clothing and personal incidentals allowance and other income the department specifically designates as exempt income from time-to-time.

(d) No resident account may be overdrawn (show a debit balance). If a resident wants to spend an amount greater than in such resident's trust account, the IMR may provide money from the IMR's own funds and collect the debt by installments from the portion of the resident's allowance remaining at the end of each month. No interest may be charged to residents for such loans.

(3) In order to ensure the resident trust accounts are not charged for services provided under the Title XIX program, any charge for medical services otherwise properly made to a resident's trust account must be supported by a written denial from the department.

(a) A request for additional equipment such as a walker, wheelchair or crutches must have a written denial from the department of social and health services before a resident's trust account can be charged.

(b) Except as otherwise provided below, a request for physical therapy, drugs, or other medical services must have a written denial from the local CSO before a resident trust account can be charged.

A written denial from the local CSO is not required when the pharmacist verifies a drug is not covered by the program (e.g., items on the FDA list of ineffective or possible effective drugs, nonformulary over-the-counter (OTC) medications such as vitamins, laxatives, nose drops, etc.). The pharmacist's notation to this effect is sufficient. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-650, filed 8/3/82.]

**WAC 275-38-655 Trust moneys--Imprest fund.** (1) The provider may maintain a petty cash fund originating from trust moneys of an amount reasonable and necessary for the size of the facility and the needs of the residents, not to exceed five hundred dollars. This petty cash fund shall be an imprest fund. All moneys over and above the trust fund petty cash amount shall be deposited intact in a trust fund checking account, separate and apart from any other bank account(s) of the facility or other facilities.

(2) Cash deposits of resident allowances must be made intact to the trust account within one week from the time payment is received from the department, social security administration, or other payor.

(3) Any related bankbooks, bank statements, checkbook, check register, and all voided and cancelled checks, shall be made available for audit and inspection by a department representative, and shall be maintained by the IMR for not less than three years.

(4) No service charges for such checking account shall be paid by resident trust moneys.

(5) The trust account per bank shall be reconciled monthly to the trust account per resident ledgers. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-655, filed 8/3/82.]

**WAC 275-38-660 Trust moneys control or disbursement.** Trust moneys shall be held in trust and are not to be turned over to anyone other than the resident or his or her guardian without the written consent of the resident, his or her designated agent as appointed by power-of-attorney, or appropriate department of social and health services personnel as designated by the DDD regional services administrator.

(1) When moneys are received, a receipt should be filled out in duplicate; one copy should be given to the person making payment or deposit, and the other copy should be retained in the receipt book for easy reference.

(2) Checks received by residents must be endorsed by the resident. Each resident receiving a check or state warrant is responsible for endorsement by his or her own signature. Only when the resident is incapable of signing his or her name may the provider assume the responsibility of securing the resident's mark "X" followed by

the name of the resident and the signature of two witnesses.

(3) If both the general fund account and the trust fund account are at the same bank, the trust portion of checks including care payments can be deposited directly to trust by including a trust account deposit slip for the correct amount with the checks and the general account deposit slip.

(4) The resident's trust account ledger sheet must be credited with the allowance received. This should be referenced with the receipt number and must be supported by a copy of the deposit slip (one copy for all deposits made). [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-660, filed 8/3/82.]

**WAC 275-38-665 Trust moneys availability.** Moneys so held in trust for any resident shall be available for his or her personal and incidental needs when requested by the resident or one of the individuals designated in WAC 275-38-660. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-665, filed 8/3/82.]

**WAC 275-38-667 Accounting upon change of ownership.** (1) Upon sale of the facility or other transfer of ownership, the facility must provide the new owner with a written accounting, in accordance with generally accepted auditing procedures, of all patient funds being transferred, and obtain a written receipt for the funds from the new owner.

(2) The facility must give each patient or representative a written accounting of any personal funds held by the facility before any transfer of ownership occurs.

(3) In the event of a disagreement with the accounting provided by the facility, the patient retains all rights and remedies provided under state law. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-667, filed 8/3/82.]

**WAC 275-38-670 Procedure for refunding trust money.** When a recipient is discharged and/or transferred, the balance of the resident's trust account will be returned to the individual designated in WAC 275-38-660, within thirty days, and a receipt obtained. In certain cases it may be advisable to mail the refund to the resident's new residence. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-670, filed 8/3/82.]

**WAC 275-38-675 Liquidation of trust fund.** (1) Expired resident. The provider will obtain a receipt from next-of-kin, guardian, or duly qualified agent when releasing the balance of money held in trust. If there is no identified next-of-kin, guardian, or duly qualified agent, the DDD regional service office is to be contacted in writing within seven days for assistance in the release of the money held in trust. A check or other document showing payment to such next-of-kin, guardian, or duly qualified agent will serve as a receipt.

(2) Resident, unable to locate. In situations where the resident leaves the IMR facility without authorization and his or her whereabouts are unknown:

(a) The IMR will make a reasonable attempt to locate the missing resident. This includes: Contacting friends, relatives, police, the guardian, and the DDD in the area.

(b) If the resident cannot be located after ninety days, the IMR must notify the department of revenue of the existence of "abandoned property," outlined in chapter 63.28 RCW. The IMR will be required to deliver to the department of revenue the balance of the resident's trust fund account within twenty days following such notification. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-675, filed 8/3/82.]

**WAC 275-38-678 Resident property records.** (1) The facility must maintain a current, written record for each resident including written receipts for all personal possessions deposited with the facility by the resident.

(2) The property record must be available to the resident and resident representative as designated in WAC 275-38-645(2)(a). Statutory Authority: 74.09.120. 82-16-080 (Order 1853), § 275-38-678, filed 8/3/82.]

**WAC 275-38-680 Allowable costs.** Allowable costs are documented costs necessary, ordinary, and related to the provision of IMR services to IMR residents, and are not expressly declared nonallowable by applicable statutes or regulations. Costs are ordinary if costs are of the nature and magnitude a prudent and cost-conscious management would pay. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-680, filed 8/3/82.]

**WAC 275-38-685 Substance prevails over form.** (1) In determining allowable costs, the substance of a transaction will prevail over the transaction's form. Accordingly, allowable costs will not include increased costs resulting from transactions or the application of accounting methods circumventing the principles of the prospective cost-related reimbursement system.

(2) Increased costs resulting from a series of transactions between the same parties and involving the same assets (e.g., sale and leaseback, successive sales or leases of a single facility or piece of equipment) will not be allowed. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-685, filed 8/3/82.]

**WAC 275-38-690 Offset of miscellaneous revenues.**

(1) Allowable costs shall be reduced by the contractor whenever the item, service, or activity covered by such costs generates revenue or financial benefits (e.g., purchase discounts or rebates) other than through the contractor's normal billing for IMR services: Except, unrestricted grants, gifts, endowments, and interest therefrom, will not be deducted from the allowable costs of a nonprofit facility.

(2) Where goods or services are sold, the amount of the reduction shall be the actual cost relating to the item, service, or activity. In the absence of adequate

documentation of cost, the amount of the reduction shall be the full amount of the revenue received. Where financial benefits such as purchase discounts or rebates are received, the amount of the reduction shall be the amount of the discount or rebate.

(3) Only allowable costs shall be recovered under this section. Costs allocable to activities or services not included in IMR services (e.g., costs of vending machines, residents' personal laundry, and services specified in chapter 388-86 WAC not included in IMR services) are nonallowable costs. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-690, filed 8/3/82.]

**WAC 275-38-695 Costs of meeting standards.** All categories of necessary and ordinary expenses a contractor incurs in providing IMR services meeting all applicable standards will be allowable costs. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-695, filed 8/3/82.]

**WAC 275-38-700 Limit on costs to related organizations.** (1) Costs applicable to services, facilities, and supplies furnished by organizations related to the contractor shall be allowable only to the extent the costs do not exceed the lower of the cost to the related organization or the price of comparable services, facilities or supplies purchased elsewhere. The term "related organization" is defined in WAC 275-38-001.

(2) Documentation of costs to related organizations shall be made available to the auditors at the time and place the financial records relating to the entity are audited. Payments to or for the benefit of the related organization will be disallowed where the cost to the related organization cannot be documented. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-700, filed 8/3/82.]

**WAC 275-38-705 Start-up costs.** Necessary and ordinary start-up costs, as defined in WAC 275-38-001, will be allowable if start-up costs are amortized over not less than sixty consecutive months beginning with the month the first resident is admitted for care. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-705, filed 8/3/82.]

**WAC 275-38-715 Education and training.** (1) Ordinary expenses of on-the-job training and in-service training required for employee orientation and certification training directly related to the performance of duties assigned will be allowable costs.

(2) Ordinary expenses of resident life staff training will be allowable costs.

(3) Necessary and ordinary expenses of recreational and social activity training conducted by the contractor for volunteers will be allowable costs. Expenses of training programs for other nonemployees will not be allowable costs. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-715, filed 8/3/82.]

**WAC 275-38-720 Total compensation--Owners, relatives, and certain administrative personnel.** For purposes of the tests in WAC 275-38-725 and 275-38-730, total compensation includes gross salary or wages and fringe benefits (e.g., health insurance) made available to all employees but excludes payroll taxes paid by the contractor. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-720, filed 8/3/82.]

**WAC 275-38-725 Owner or relative--Compensation.** (1) Total compensation of an owner or relative of an owner shall be limited to ordinary compensation for necessary services actually performed.

(a) Compensation is ordinary if the compensation is the amount usually paid for comparable services in a comparable facility to an unrelated employee, and does not exceed limits set out in this chapter.

(b) A service is necessary if the service is related to resident care and training and would have had to be performed by another person if the owner or relative had not performed the service.

(2) The contractor, in maintaining customary time records adequate for audit shall include such records for owners and relatives receiving compensation.

(3) For purposes of this section, if the contractor with the department is a corporation, "owner" includes all corporate officers and directors. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-725, filed 8/3/82.]

**WAC 275-38-730 Maximum allowable compensation of certain administrative personnel.** (1) Compensation for administrative personnel shall be an allowable cost, subject to the limits contained in this section.

(2) Total compensation of the licensed administrator for services actually rendered to an IMR facility on a full-time basis (at least forty hours per week, including reasonable vacation, holiday, and sick time) will be allowable at the lower of (a) actual compensation received, or (b) the amount in the table in subsection (5) of this section corresponding to the number of set-up beds in the IMR facility. Compensation of the licensed administrator will only be allowable if the department is given written notice of his or her employment within ten days after the employment begins.

(3) Total compensation of not more than one full-time licensed assistant administrator will be allowable if there are at least eighty set-up beds in the IMR, at the lower of (a) actual compensation received, or (b) seventy-five percent of the appropriate amount in the table in subsection (5) of this section.

(4) Total compensation of not more than one full-time registered administrator-in-training will be allowable at the lower of (a) actual compensation received, or (b) sixty percent of the appropriate amount in the table in subsection (5) of this section.

(5)

TABLE

Maximum Allowable Total Compensation for Licensed Administrators—Calendar Year 1982

**Set-up Beds**

16 - 39	\$27,000
40 - 79	\$29,700
80 - 119	\$32,800
120 - 159	\$35,900
160 - 239	\$39,500
240 - 319	\$43,500
320 - 399	\$47,800
400 and up	\$52,600

(6) If the licensed administrator, licensed assistant administrator or registered administrator-in-training regularly works fewer than forty hours per week, allowable compensation shall be the lower of:

(a) Actual compensation received, or

(b) The appropriate amount in the table in subsection (5) of this section multiplied by the percentage derived from the division of the actual hours worked by forty hours. Further discounting is required if the person was licensed or registered and/or worked for less than the entire report period.

(7) The contractor shall maintain time records for the licensed administrator and for an assistant administrator, administrator-in-training or QMRP, if any.

(8) The cost of a licensed administrator, assistant administrator or administrator-in-training is not an allowable expense in IMR facilities of fifteen beds or less. Administrative services will be provided by the QMRP in these facilities. Total compensation of wages and salaries for the QMRP will be allowable at the lower of:

(a) Actual compensation received; or

(b) The hourly cost of wages and salaries of QMRP in level C and D IMR contracting with the department multiplied by the QMRP regularly worked hours per week, not to exceed forty hours per week. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-730, filed 8/3/82.]

**WAC 275-38-735 Disclosure and approval of joint facility cost allocation.** (1) The contractor shall disclose to the department:

(a) The nature and purpose of all costs which represent allocations of joint facility costs; and

(b) The methodology of the allocation utilized.

(2) Such disclosure shall be made not later than September 30, 1980, for the following year and not later than September 30th for each year thereafter; except a new contractor shall submit the first year's disclosure together with the submissions required by WAC 275-38-520.

(3) The contractor shall demonstrate and certify:

(a) The services involved are necessary, ordinary, related to resident care, and nonduplicative; and



(b) Costs are allocated in accordance with the resident care related benefits and services received from the specific resources represented by those costs.

(4) The department shall approve such methodology not later than December 31, 1980, and not later than December 31 for each year thereafter.

(5) An amendment or revision to an approved methodology shall be submitted to the department for approval at least ninety days prior to the effective date of the amendment or revision.

(6) Where a contractor will begin to incur joint facility costs at some time other than the beginning of the calendar year, the contractor shall provide the information required in subsections (1) and (3) of this section at least ninety days prior to the date the cost will first be incurred.

(7) Joint facility costs not disclosed, allocated, and reported in conformance with this section are nonallowable costs. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-735, filed 8/3/82.]

**WAC 275-38-740 Management agreements, management fees, and central office services.** (1) If a contractor intends to enter into a management agreement with an individual or firm which will manage the IMR facility as agent of the contractor, a copy of the agreement must be received by the department at least ninety days before the agreement is to become effective. A copy of any amendment to a management agreement must also be received by the department at least ninety days in advance of the date the amendment is to become effective. No management fees for periods prior to the time the department receives a copy of the applicable agreement will be allowable. When necessary for the health and safety of facility residents, the ninety-day notice requirement may be waived, in writing, by the department.

(2) Management fees will be allowed only if:

(a) A written management agreement both creates a principal or agent relationship between the contractor and the manager, and sets forth the items, services, and activities to be provided by the manager; and

(b) Documentation demonstrates the services contracted for were actually delivered.

(3) To be allowable, fees must be for necessary, non-duplicative services. Allowable fees for general management services, including the portion of a management fee not allocated to specific services such as accounting, are limited to:

(a) The maximum allowable compensation under WAC 275-38-730 of the licensed administrator and, if the facility has at least eighty set-up beds, of an assistant administrator; less

(b) Actual compensation received by the licensed administrator and by the assistant administrator, if any. In computing maximum allowable compensation under WAC 275-38-730 for a facility with at least eighty set-up beds, include the maximum compensation of an assistant administrator even if no assistant administrator is employed;

(c) For IMR facilities of fifteen or fewer beds, the maximum allowable compensation will be the cost of forty hours per week of wages and salaries of QMRP in level C and D IMR contracting with the department, less the actual compensation received by the QMRP.

(4) A management fee paid to or for the benefit of a related organization will be allowable to the extent the fee does not exceed the lesser of (a) the limits set out in subsection (3) of this section, or (b) the lower of the actual cost to the related organization of providing necessary services related to resident care and training under the agreement, or the cost of comparable services purchased elsewhere. Where costs to the related organization represents joint facility costs, the measurement of such costs shall comply with WAC 275-38-735.

(5) Central office joint facility costs for general management services, including the portion of a management expense not allocated to specific services, shall be subject to the management fee limits determined in subsections (3) and (4) of this section. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-740, filed 8/3/82.]

**WAC 275-38-745 Allowable interest.** (1) The contractor's necessary and ordinary interest for working capital and capital indebtedness will be allowable.

(a) To be necessary, interest must be incurred in connection with a loan satisfying a financial need of the contractor and be for a purpose related to resident care and training. Interest expense relating to business opportunity or goodwill will not be allowed.

(b) To be ordinary, interest must be at a rate not in excess of what a prudent borrower would have to pay at the time of the loan in an arm's-length transaction in the money market.

(c) Interest expense shall include amortization of bond discounts and expenses related to the bond issue. Amortization shall be over the period from the date of sale to the date of maturity or, if earlier, the date of extinguishment of the bonds.

(2) Interest paid to or for the benefit of a related organization will be allowed only to the extent the actual interest does not exceed the cost to the related organization of obtaining the use of the funds. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-745, filed 8/3/82.]

**WAC 275-38-750 Offset of interest income.** (1) In computing allowable costs, interest income from the investment or lending of nonrestricted funds shall be deducted from allowable interest expense.

(2) Interest income from the investment or lending of restricted funds shall not be deducted from allowable interest expense. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-750, filed 8/3/82.]

**WAC 275-38-760 Operating leases of facilities and equipment.** Rental or lease costs under arm's-length operating leases of facilities and/or equipment shall be allowable to the extent the cost is not in excess of arm's-length rental or lease costs of comparable facilities or

equipment. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-760, filed 8/3/82.]

**WAC 275-38-765 Rental expense paid to related organizations.** The expense of renting facilities or equipment from a related organization shall be allowable to the extent the rental does not exceed the related organization's costs of owning (e.g., depreciation, interest on a mortgage) or leasing the assets, computed in accordance with this chapter. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-765, filed 8/3/82.]

**WAC 275-38-770 Capitalization.** The following costs shall be capitalized:

(1) Expenses for equipment with historical cost in excess of one hundred fifty dollars per unit and a useful life of more than one year from the date of purchase.

(2) Expenses for equipment with historical cost of one hundred fifty dollars or less per unit if either:

(a) The item was acquired in a group purchase where the total cost exceeded one hundred fifty dollars; or

(b) The item was part of the initial stock of the IMR facility.

(3) Effective January 1, 1981, for settlement purposes for periods subsequent to that date, and for purposes of setting rates for periods beginning July 1, 1982, and subsequently, subsection (1) of this section shall be applied with the sum "five hundred dollars" replacing the sum "one hundred fifty dollars."

(4) Expenditures for building improvements and leasehold improvements, if required or authorized by the lease agreement, in excess of five hundred dollars and involving one or more of the following:

(a) Increase the interior floor space of the structure;

(b) Increase paved areas outside the structure adjacent to or providing access to the structure;

(c) Modification of the exterior or interior walls of the structure;

(d) Installation of additional heating, cooling, electrical or water-related equipment;

(e) Remodeling or redecorating enhancing the value of the structure sufficiently to justify an increase in service charges to residents;

(f) Increase the useful life of the structure by two years or more;

(g) For a leasehold improvement, the asset shall be amortized over the asset's useful life in accordance with American hospital association guidelines. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-770, filed 8/3/82.]

**WAC 275-38-775 Depreciation expense.** Depreciation expense on depreciable assets required in the regular course of providing resident care and training will be an allowable cost. The depreciation expense shall be:

(1) Identifiable and recorded in the contractor's accounting records, and

(2) Computed using the depreciation base, lives and methods specified in WAC 275-38-780. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-775, filed 8/3/82.]

**WAC 275-38-780 Depreciable assets.** (1) Tangible assets of the following types where a contractor has an economic interest through ownership are subject to depreciation:

(a) Building – The basic structure or shell and additions thereto.

(b) Building fixed equipment – Attachments to buildings, such as wiring, electrical fixtures, plumbing, elevators, heating system, and air conditioning system. The general characteristics of this equipment are:

(i) Affixed to the building and not subject to transfer; and

(ii) An estimated life longer than ten years, but shorter than the life of the building where affixed.

(c) Major movable equipment – Such items as beds, wheelchairs, desks, and x-ray machines. The general characteristics of this equipment are:

(i) A relatively fixed location in the building;

(ii) Capable of being moved as distinguished from building equipment;

(iii) A unit cost sufficient to justify ledger control;

(iv) Sufficient size and identity to make control feasible by means of identification tags; and

(v) A minimum life of approximately three years. Effective January 1, 1981, for settlement purposes for periods subsequent to that date, and for purposes of setting rates for periods beginning July 1, 1982, and subsequently, this equipment shall be characterized by a minimum life of greater than one year.

(d) Minor equipment – Such items as waste baskets, bed pans, syringes, catheters, silverware, mops, and buckets properly capitalized. No depreciation shall be taken on items not properly capitalized (see WAC 275-38-770). The general characteristics of minor equipment are:

(i) In general, no fixed location and subject to use by various departments;

(ii) Small in size and unit cost;

(iii) Subject to inventory control;

(iv) Fairly large number in use; and

(v) Generally, a useful life of one to three years.

(e) Land improvements – Such items as paving, tunnels, underpasses, on-site sewer and water lines, parking lots, shrubbery, fences, walls, etc., where replacement is the responsibility of the contractor.

(f) Leasehold improvements – Betterments and additions made by the lessee to the leased property, which become the property of the lessor after the expiration of the lease.

(2) Land is not depreciable. The cost of land includes the cost of such items as off-site sewer and water lines, public utility charges necessary to service the land, governmental assessments for street paving and sewers, the cost of permanent roadways and grading of a nondepreciable nature, and the cost of curbs and sidewalks, replacement of which is not the responsibility of the

contractor. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-780, filed 8/3/82.]

**WAC 275-38-785 Depreciation base.** (1) The depreciation base shall be the historical cost of the contractor in acquiring the asset from an unrelated organization and preparing depreciation base for use, less goodwill and less accumulated depreciation incurred during periods the assets have been used in or as a facility by the contractor, such accumulated depreciation to be measured in accordance with subsection (4) of this section and WAC 275-38-790, 275-38-795, and 275-38-800. If the department challenges the historical cost of an asset or a contractor is not able to provide adequate documentation of the historical cost of an asset, the department may have the fair market value of the asset at the time of purchase established by appraisal. The fair market value of items of equipment will be established by appraisals performed by vendors of the particular type of equipment. When these appraisals are conducted, the depreciation base of the asset will not exceed fair market value. Estimated salvage value shall be deducted from historical cost where the straight-line or sum-of-the-years digits method of depreciation is used.

(2) Effective January 1, 1981, for purposes of setting rates for rate periods beginning July 1, 1982, and subsequently, subsection (1) of this section shall be applied with the phrase "in an arm's-length transaction" replacing the phrase "from an unrelated organization."

(3) Effective July 1, 1982, in all cases subsection (1) of this section shall be applied with the phrase "in an arm's-length transaction" replacing the phrase "from an unrelated organization."

(4) Where depreciable assets are acquired from a related organization, the contractor's depreciation base shall not exceed the base the related organization had or would have had under a contract with the department. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-785, filed 8/3/82.]

**WAC 275-38-790 Depreciation base--Donated or inherited assets.** (1) The depreciation base of donated assets, as defined in WAC 275-38-001, or of assets received through testate or intestate distribution, shall be the lesser of:

(a) Fair market value at the date of donation or death, less goodwill. Estimated salvage value shall be deducted from fair market value where the straight-line or sum-of-the-years digits method of depreciation is used; or

(b) The depreciation base under the cost-related reimbursement program of the owner last contracting with the department, if any.

(2) If the donation or distribution is between related organizations, the base shall be the lesser of:

(a) Fair market value, less goodwill and, where appropriate, salvage value, or

(b) The depreciation base the related organization had or would have had for the asset under a contract

with the department. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-790, filed 8/3/82.]

**WAC 275-38-795 Lives.** (1) The contractor shall use lives no shorter than guideline lives contained in the internal revenue service class life ADR system or published by the American hospital association in computing allowable depreciation. The shortest life which may be used for buildings is thirty years.

(2) Lives shall be measured from the date of the most recent arm's-length acquisition of the asset.

(3) Building improvements shall be depreciated over the remaining useful life of the building, as modified by the improvement, but not less than fifteen years.

(4) Improvements to leased property which are the responsibility of the contractor under the terms of the lease shall be depreciated over the useful life of the improvement.

(5) A contractor may change the estimate of an asset's useful life to a longer life for purposes of depreciation. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-795, filed 8/3/82.]

**WAC 275-38-800 Methods of depreciation.** (1) Buildings, land improvements, and fixed equipment shall be depreciated using the straight-line method. Major-minor equipment shall be depreciated using either the straight-line method, the sum-of-the-years digits method, or declining balance method not to exceed one hundred fifty percent of the straight-line rate. Contractors electing to take either the sum-of-the-years digits method or the declining balance method of depreciation on major-minor equipment may change to the straight-line method without permission of the department.

(2) The annual provision for depreciation shall be reduced by the portion allocable to use of the asset for purposes not both necessary and related to resident care and training.

(3) No further depreciation shall be claimed after an asset has been fully depreciated unless a new depreciation base is established pursuant to WAC 275-38-785. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-800, filed 8/3/82.]

**WAC 275-38-805 Retirement of depreciable assets.**

(1) Where depreciable assets are disposed of through sale, trade-in, scrapping, exchange, theft, wrecking, or fire or other casualty, depreciation shall no longer be taken on the assets. No further depreciation shall be taken on permanently abandoned assets.

(2) Where an asset has been retired from active use but is being held for stand-by or emergency service, and the department has determined that the asset is needed and can be effectively used in the future, depreciation may be taken, as prescribed in WAC 275-38-775 through 275-38-800. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-805, filed 8/3/82.]

**WAC 275-38-810 Handling of gains and losses upon retirement of depreciable assets.** Settlement periods prior to January 1, 1981, and rate periods prior to July 1, 1982.

(1) For settlement purposes for periods prior to January 1, 1981, and for rate-setting purposes for periods prior to July 1, 1982, gains and losses on the retirement of depreciable assets either during the period of participation in the program or within twelve months following termination, shall be treated in accordance with this section.

(2) A gain or loss on the retirement of an asset shall be the difference between the remaining undepreciated base and any proceeds received for, or to compensate for loss of, the asset. For purposes of subsections (3) and (4) of this section, the total gain shall be reduced by one percent for each month of ownership of an asset with an expected useful life of one hundred months or longer. For an asset with an expected useful life of less than one hundred months, total gain shall be reduced by the portion thereof equal to the ratio of the actual life of the asset from the most recent arm's-length acquisition up to the date of retirement to the assets expected useful life.

(3) If the retired asset is replaced, the gain or loss shall be applied against or added to the cost of the replacement asset, provided a loss will only be so applied if the contractor has made a reasonable effort to recover at least the outstanding book value of the asset.

(4) If the retired asset is not replaced, or if the contractor is terminating the contract, the gain or loss shall be spread over the actual life of the asset up to the date of retirement, provided a loss will only be so spread if the contractor has made a reasonable effort to recover at least the outstanding book value of the asset. The difference between reimbursement actually paid for depreciation in any period beginning on or after January 1, 1978, and the reimbursement for depreciation having been paid with the base adjusted to reflect the gain or loss, will be computed. Where the difference results from a gain, the difference shall be recovered by the department. Where the difference results from a loss, the difference will be added to allowable costs for purposes of determining settlement. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-810, filed 8/3/82.]

**WAC 275-38-812 Handling of gains and losses upon retirement of depreciable assets—Other periods.** (1) This section shall apply in the place of WAC 275-38-810 effective January 1, 1981, for purposes of settlement for settlement periods prior to that date, and for purposes of setting rates for rate periods beginning July 1, 1982, and subsequently.

(2) A gain or loss on the retirement of an asset shall be the difference between the remaining undepreciated base and any proceeds received for, or to compensate for loss of, the asset.

(3) If the retired asset is replaced, the gain or loss shall be applied against or added to the cost of the replacement asset, provided a loss will only be so applied if

the contractor has made a reasonable effort to recover at least the outstanding book value of the asset. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-812, filed 8/3/82.]

**WAC 275-38-815 Recovery of excess over straight-line depreciation.** If a contractor terminates the contract without selling or otherwise retiring equipment which was depreciated using an accelerated method, depreciation schedules relating to these assets for periods the contractor participated in the program shall be adjusted. The difference between reimbursement actually paid for depreciation in any period beginning on or after January 1, 1978, and the reimbursement which would have been paid for depreciation if the straight-line method had been used, will be recovered by the department. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-815, filed 8/3/82.]

**WAC 275-38-820 Unallowable costs.** (1) Costs will be unallowable if not documented, necessary, ordinary, and related to the provision of services to IMR residents.

(2) Unallowable costs include, but are not limited to, the following:

(a) Costs of items or services not covered by the Medicaid program. Costs of nonprogram items or services will be unallowable even if indirectly reimbursed by the department as the result of an authorized reduction in resident contribution.

(b) Costs of services and items provided to IMR residents covered by the department's medical care program but not included in IMR services respectively. Items and services covered by the medical care program are listed in chapter 388-86 WAC.

(c) Costs associated with a capital expenditure subject to Section 1122 approval (part 100, Title 42 C.F.R.) if the department found the capital expenditure was not consistent with applicable standards, criteria or plans. If the department was not given timely notice of a proposed capital expenditure, all associated costs will be nonallowable as of the date the costs are determined not to be reimbursable under applicable federal regulations.

(d) Costs associated with a construction or acquisition project requiring certificate of need approval pursuant to chapter 70.38 RCW if such approval was not obtained.

(e) Costs of outside activities (e.g., costs allocable to the use of a vehicle for personal purposes, or related to the part of a facility leased out for office space).

(f) Salaries or other compensation of officers, directors, stockholders, and others associated with the contractor or home office, except compensation paid for service related to resident care and training.

(g) Costs in excess of limits or violating principles set forth in this chapter.

(h) Costs resulting from transactions or the application of accounting methods circumventing the principles of the prospective cost-related reimbursement system.

(i) Costs applicable to services, facilities, and supplies furnished by a related organization in excess of the lower of the cost to the related organization or the price

of comparable services, facilities or supplies purchased elsewhere.

- (j) Bad debts.
- (k) Charity and courtesy allowances.
- (l) Cash, assessments, or other contributions, excluding dues, to charitable organizations, professional organizations, trade associations, or political parties, and cost incurred to improve community or public relations.
- (m) Vending machine expenses.
- (n) Expenses for barber or beautician services not included in routine care.
- (o) Funeral and burial expenses.
- (p) Costs of gift shop operations and inventory.
- (q) Personal items such as cosmetics, smoking materials, newspapers and magazines, and clothing, except those used in resident activity programs or in IMR programs where clothing is a part of routine care.
- (r) Fund-raising expenses, except those directly related to the resident activity program.
- (s) Penalties and fines.
- (t) Expenses related to telephones, televisions, radios, and similar appliances in residents' private accommodations.
- (u) Federal, state, and other income taxes.
- (v) Costs of special care services, except where authorized by the department.
- (w) Expenses of key-man insurance and other insurance or retirement plans not in fact made available to all employees.
- (x) Expenses of profit-sharing plans.
- (y) Expenses related to the purchase and/or use of private or commercial airplanes in excess of what a prudent contractor would expend for the ordinary and economic provision of such a transportation need related to resident care.
- (z) Personal expenses and allowances of owners or relatives.
- (aa) All expenses of maintaining professional licenses or membership in professional organizations.
- (bb) Costs related to agreements not to compete.
- (cc) Goodwill and amortization of goodwill.
- (dd) Expenses related to vehicles in excess of what a prudent contractor would expend for the ordinary and economic provision of transportation needs related to resident care.
- (ee) Legal and consultant fees in connection with a fair hearing against the department where a decision is rendered in favor of the department or where otherwise the determination of the department stands.
- (ff) Legal and consultant fees in connection with a lawsuit against the department are nonallowable.
- (gg) Lease acquisition costs and other intangibles not related to resident care and training.
- (hh) Interest charges assessed by the state of Washington for failure to make timely refund of overpayments and interest expenses incurred for loans obtained to make such refunds. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-820, filed 8/3/82.]

**WAC 275-38-830 Prospective reimbursement rates.** The department will determine prospective reimbursement rates for IMR services provided to residents. Each rate represents the contractor's maximum compensation for one resident day of care and training of a resident determined by the department to require IMR care and training. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-830, filed 8/3/82.]

**WAC 275-38-835 Program services not covered by the reimbursement rate.** Medical services which are part of the department's medical care program but not included in IMR services are not covered by the prospective reimbursement rate. Payment is made directly to the provider of service in accordance with chapter 388-87 WAC. Items and services covered by the medical care program are listed in chapter 388-86 WAC. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-835, filed 8/3/82.]

**WAC 275-38-840 Prospective reimbursement rate for new contractors.** (1) A prospective reimbursement rate for a new contractor will be established within sixty days following receipt by the department of a properly completed projected budget (see WAC 275-38-520). The reimbursement rate will be effective as of the effective date of the contract.

(2) The prospective reimbursement rate will be based on the contractor's projected cost of operations, and on costs and payment rates of the prior contractor, if any, and/or of other contractors in comparable circumstances.

(3) If a properly completed projected budget is not received at least sixty days prior to the effective date of the contract, the department will establish a preliminary rate based on the other factors specified in subsection (2) of this section. The preliminary prospective rate will remain in effect until an initial prospective rate can be set.

(4) Where a change of ownership is involved which is not an arm's-length transaction as defined in WAC 275-38-001, the new contractor's prospective rates in the administration and operation and property cost areas will be no higher than the rates of the old contractor, adjusted if necessary to take into account economic trends. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-840, filed 8/3/82.]

**WAC 275-38-845 Rate determination.** (1) Each contractor's reimbursement rate will be determined prospectively at least once each calendar year to be effective July 1, and will be adjusted for inflation January 1, using factors specified in WAC 275-38-855(3). Rates may be adjusted more frequently to take into account program changes, as specified in WAC 275-38-855(4).

(2) Where the contractor participated in the program during all or part of the prior fiscal period, the property and return on equity rates, and the nonwage component of administration and operations rate, will be determined

based on the contractor's allowable costs in the prior period. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-845, filed 8/3/82.]

**WAC 275-38-850 Cost centers.** A contractor's overall reimbursement rate for IMR residents consists of the total of five component rates, each covering one cost center. The five cost centers are:

- (1) Residential care and habilitative services;
- (2) Food;
- (3) Administration and operations;
- (4) Property; and
- (5) Return on equity. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-850, filed 8/3/82.]

**WAC 275-38-855 Method of rate determination.**

(1) Data used in determining rates will be taken from the most recent complete, desk-reviewed annual cost report, and other documents submitted by each contractor.

(2) Data containing obvious errors, data for facilities out of compliance with any condition at any time during the reporting period, and data for facilities with average occupancy ratios of less than eighty-five percent for the report period, will be excluded from the determination of predicted costs and rate upper limits for WAC 275-38-870 and 275-38-875.

(3)(a) The rates determined in WAC 275-38-860, 275-38-865, and 275-38-870 of this chapter shall be adjusted for inflation utilizing factors specified by the department.

(b) The following semiannual rate adjustments for inflation shall be used in establishing inflation adjustment factors for the resident care and habilitative services cost center rate, the food cost center rate, and the administration and operations cost center rate effective July 1, 1982, through June 30, 1983:

(i) For rates effective January 1, 1981, through June 30, 1981: 4.25 percent for the resident care and habilitative services cost center rate; 5.25 percent for the food cost center rate; 4.25 percent for the wage component of the administration and operations cost center rate; and, 6.65 percent for the nonwage component of the administration and operations cost center rate.

(ii) 5.0 percent for rates effective July 1, 1981, through December 31, 1981.

(iii) 4.25 percent for rates effective January 1, 1982, through June 30, 1982.

(c) No adjustment for inflation shall be made for rates determined in section 275-38-875 and 275-38-880 of this chapter.

(4) Where new standards are imposed, or the department wishes to encourage additional services or otherwise change the program, a cost-related adjustment will be made to the appropriate cost area rates of each contractor affected by the program change. Adjustments will be made until reported costs used in setting rates reflect the new standards or program changes.

(5) For rate determinations effective July 1, 1982, through June 30, 1983, the department shall establish a

redistribution pool consisting of overpayments to contractors for 1981, indicated by preliminary settlements, less one hundred twenty thousand dollars. This pool shall be distributed to contractors pursuant to WAC 275-38-860 and 275-38-870. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-855, filed 8/3/82.]

**WAC 275-38-860 Resident care and habilitative services cost center rate.** (1) The resident care and habilitative services cost center reimbursement rate will reimburse for the necessary and ordinary costs of providing routine nursing, residential and habilitative services to residents in accordance with WAC 275-38-040 and 275-38-045; accordingly, the department has established five levels of care. These levels are: Level A, level B, level C, level D, and level E.

(2) Effective July 1, 1982, through June 30, 1983, the residential care and habilitative services cost center rate will be computed according to this section.

(a) As used in this section, "desk-reviewed residential care and habilitative services cost" shall be allowable residential care and habilitative services costs as determined by desk reviews conducted in accordance with WAC 275-38-595.

(b) If a contractor's weighted residential care and habilitative services rate for 1981 as computed in accordance with department regulations and instructions is equal to or greater than the contractor's desk-reviewed 1981 residential care and habilitative services costs, the department shall reimburse the residential care and habilitative services cost center at the desk-reviewed 1981 residential care and habilitative services costs plus any residential care and habilitative services funds shifted to other cost centers pursuant to WAC 275-38-635, as adjusted for inflation.

(c) If a contractor's residential care and habilitative services rate for 1981 is less than the contractor's desk-reviewed 1981 residential care and habilitative services costs, the department shall reimburse the contractor's residential care and habilitative services cost at the contractor's January 1, 1982 residential care and habilitative services reimbursement rate, less one and one-half percent, as adjusted for inflation, plus an allowance from the redistribution pool. The total reimbursement paid to a contractor for residential care and habilitative services, including any allowance from the redistribution pool, shall not exceed the contractor's 1981 desk-reviewed residential care and habilitative services costs, as adjusted for inflation. The total of allowances distributed pursuant to subsection (2)(c) of this section shall not exceed the total amount in the redistribution pool. If the total of funds in the redistribution pool is equal to or exceeds the total amount of underfunding for residential care and habilitative services for all contractors, each contractor's allowance shall be the amount the contractor was underfunded for residential care and habilitative services, if any, where underfunding is defined as any excess of 1981 desk-reviewed cost over the 1981 rate in this cost center, as adjusted for inflation. If the total of

funds in the redistribution pool is less than the total residential care and habilitative services underfunding for all contractors, the allowance distributed to each contractor shall be a percentage of the amount a contractor was underfunded, as defined in subsection (2)(c) of this section, for residential care and habilitative services, if any was experienced by the contractor. The percentage shall be computed by dividing the total of funds in the pool by the total amount of underfunding for all contractors.

(3) To residential care and habilitative services cost center rates determined in accordance with subsections (2)(b) and (c) of this section, a residential care and habilitative services enhancement shall be added. The enhancement shall be distributed among facilities proportionately based upon residential care and habilitative services cost center rates and shall not be adjusted for inflation. The total of enhancements distributed to contractors shall be six hundred thousand dollars.

(4) In addition to the reimbursement rate, each contractor may be assigned a range of residential care and habilitative services hours representing the maximum and minimum number of hours the department will purchase. The range will depend on the assigned level of care in each facility. For purposes of establishing an hourly range of service hours the calculation of hours will include resident life direct care staff, licensed nursing personnel, qualified mental retardation professionals, staff training, and staff responsible for activities. The range by level is:

3.1-6.1 for IMR level A residents, 2.7-5.4 for IMR level B residents, 2.1-3.6 for IMR level C residents, 1.2-2.4 for IMR level D residents, and a maximum of 5.0 for level E residents. Standard hours for each facility will be calculated based upon staffing data annual cost reports or other certified documents as required in the above ranges. The standard hours for each level will not fall below the minimum staffing levels as established in WAC 275-38-045. When the department requires new standards or makes program changes requiring more or less residential care and habilitative services, the range will be adjusted as of the effective date of the new standard or program change. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-860, filed 8/3/82.]

**WAC 275-38-865 Food cost center rate.** (1) The food cost center rate will reimburse for the necessary and ordinary costs of procuring food, dietary supplements, and beverages for meals and between-meal nourishment for residents.

(2) Effective July 1, 1982, through June 30, 1983, food reimbursement will be at the January 1, 1982 rate, adjusted for inflation. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-865, filed 8/3/82.]

**WAC 275-38-870 Administration and operations cost center rate.** (1) The administration and operations cost center reimbursement rate will include reimbursement for the necessary and ordinary costs of overall

management of the facility, operation and maintenance of the physical plant, resident transportation, dietary service (other than the cost of food and beverages), laundry service, medical and habilitative supplies, taxes, and insurance.

(2) For rates effective July 1, 1982, through June 30, 1983, a contractor's administration and operations wage component reimbursement rate will be set pursuant to subsection (2) of this section.

(a) If a contractor's administration and operations wage component rate for 1981, is greater than or equal to the contractor's desk-reviewed 1981 wage component costs, the department shall reimburse the contractor's wage component at the desk-reviewed 1981 administration and operations wage component costs, as adjusted for inflation.

(b) If a contractor's administration and operations wage component rate for 1981 is less than the contractor's desk-reviewed 1981 wage component costs, the department shall reimburse the contractor's wage component costs at the January 1, 1982, reimbursement rate, as adjusted for inflation.

(c) It is further provided, if any funds remain in the redistribution pool established pursuant to WAC 275-38-855(5) after distribution to contractors pursuant to WAC 275-38-860, the department shall distribute the funds to contractors underfunded in the wage component area, as determined by subsection (2)(b) of this section, according to the following rules:

(i) If the amount remaining in the redistribution pool exceeds or is equal to the total amount the contractors were underfunded in the wage component center, each contractor's allowance shall be the amount the contractor was underfunded for costs in this component, if any, where underfunding is defined as any excess of 1981 desk-reviewed cost over the 1981 rate in this component, as adjusted for inflation.

(ii) If the amount remaining in the redistribution pool is less than the total amount the contractors were underfunded in the wage component area, each contractor shall receive an allowance which shall be a percentage of the amount the contractor was underfunded as defined in subsection (2)(c)(i) of this section. The percentage shall be computed by dividing the amount remaining in the redistribution pool by the total amount of underfunding in the wage component center for all contractors.

(iii) The distribution shall not exceed the total amount of underfunded wage component costs for all contractors nor the amount remaining in the redistribution pool, if any.

(3) For rates effective July 1, 1982, through June 30, 1983, a contractor's administration and operations non-wage component reimbursement rate will be calculated as follows:

(a) Allowable administration and operations costs, including wages of administrators, assistant administrators, and administrators-in-training, but excluding wages of other support staff, will be taken from the most recent desk-reviewed annual cost report.

(b) Effective July 1, 1982, through June 30, 1983, if any amounts were shifted into the administration and operations cost area during the period covered by the most recent annual cost report, an annualized amount will be subtracted from administration and operations nonwage costs determined by the following formula:

$$AS = SS \times DR$$

(i) "AS" is the amount to be subtracted from administration and operations nonwage costs;

(ii) "SS" is the amount of the savings shifted into the administration and operations cost area; and

(iii) "DR" is the deficiency ratio, defined as the ratio of:

(A) Administration and operations nonwage costs minus the nonwage component of the administration and operations prospective rate; to

(B) Total administration and operations costs minus the total administration and operations prospective rate;

(C) This ratio may not be less than zero nor more than one.

(c) Adjusted costs will be updated using factors specified in WAC 275-38-855(3).

(d) Reimbursement for this portion of administration and operations will be limited to the eighty-fifth percentile of costs, adjusted as described in subsection (3)(b) of this section, of all reporting facilities, except facilities may be grouped by factors other than ownership or legal organization characteristics, which could reasonably influence cost requirements for administration and operations. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-870, filed 8/3/82.]

**WAC 275-38-875 Property cost center rate.** Property reimbursement for both leased and owner-operated facilities will not exceed the predicted cost plus one standard deviation of the necessary and ordinary costs of depreciation, and interest, of owner-operated facilities utilizing a multiple regression formula developed by the bureau of nursing home affairs pursuant to WAC 388-96-743. Effective July 1, 1982, through June 30, 1983, depreciation and interest costs of owner-operated facilities, for mortgages entered into prior to July 1, 1979, will be reimbursed to the extent the depreciation and interest costs do not exceed the reimbursement rate payable for the property cost center as of June 30, 1979, or July 1, 1979, whichever is higher, adjusted to meet any discrepancies as determined by the federal government between the reimbursements made and the approved state medicaid plan, and adjusted for any approved capitalized additions or replacements. Any leased facility operated as an intermediate care facility for the mentally retarded prior to July 1, 1979, will be reimbursed to the extent that the property cost exceed the upper limit of the multiple regression formula. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-875, filed 8/3/82.]

**WAC 275-38-880 Return on investment.** (1) Effective July 1, 1982, through June 30, 1983, the department will pay a return on equity to proprietary contractors utilizing applicable medicare rules and regulations as of July 1, 1979, with the following modifications:

(a) Monthly equity calculations will not be used. A desk review of reported equity will be conducted pursuant to WAC 275-38-595. The average ratio among proprietary contractors of current assets to expenses will be computed by the bureau of nursing home affairs pursuant to WAC 388-96-750. The standard deviation of the ratio and the average ratio plus one standard deviation will also be computed. Current assets in excess of the average ratio plus one standard deviation will not be allowed unless the contractor can document the excess is ordinary, necessary, and related to resident care and training. No adjustments will be made to reported equity insofar as changes reflect additions to fixed assets which are ordinary, necessary, and related to resident care and training.

(b) Goodwill is not includable in the determination of net equity.

(c) Net equity and the payment for net equity shall be calculated as described in subsections (2) and (3) of this section.

(2) A contractor's net equity will be calculated using the appropriate items from the contractor's most recent desk reviewed cost report utilizing the definition of equity capital in WAC 275-38-001 and applying relevant medicare rules and regulations as of July 1, 1979, with the modifications described in subsection (1) of this section.

(3) The contractor's net equity will be multiplied by the medicare rate of return on equity capital for the twelve-month period ending on the date of the closing date of the contractor's cost report. The amount will be divided by the contractor's annual resident days for the cost report period to determine a rate per resident day. Where a contractor's cost report covers less than a twelve-month period, annual resident days will be estimated using the contractor's reported resident days.

(4) The information on which the return on equity is calculated is subject to field audit. If a field audit determines the desk-reviewed reported equity exceeds the equity documented and calculated in conformance with medicare rules and regulations as modified by this section, the contractor's return on equity rate for the rate period a return on equity rate calculated on the basis of the cost report was in effect shall be recalculated using the determinations of the field audit. Any payments in excess of the rate shall be refunded to the department as part of the settlement procedure established by WAC 275-38-630. In particular, WAC 275-38-630 (4), (5), and (6) shall apply. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-880, filed 8/3/82.]

**WAC 275-38-885 Upper limits to reimbursement rate.** The reimbursement rate shall not exceed the contractor's customary charges to the general public for the



services covered by the rate, except that public facilities rendering such services free of charge or at a nominal charge will be reimbursed according to the methods and standards set out in this chapter. The contractor shall immediately inform the department if the department's reimbursement rate does exceed customary charges for comparable services. If necessary, the rate will be adjusted in accordance with WAC 275-38-900. Rates will not exceed the limits set in 42 CFR 447.316. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-885, filed 8/3/82.]

**WAC 275-38-895 Notification of rates.** The department will notify each contractor in writing of the department's prospective reimbursement rate. Unless otherwise specified at the time the reimbursement rate is issued, the rate will be effective from the first day of the month the rate is issued until a new rate becomes effective. If a rate is changed as the result of an appeal in accordance with WAC 275-38-960, the rate will be effective as of the date the rate appealed from became effective. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-895, filed 8/3/82.]

**WAC 275-38-900 Adjustments required due to errors or omissions.** (1) Prospective rates are subject to adjustment by the department as a result of errors or omissions by the department or by the contractor. The department will notify the contractor in writing of each adjustment and of the effective date, and of any amount due to the department or to the contractor as a result of the rate adjustment. Rates adjusted in accordance with this section will be effective as of the effective date of the original rate.

(2) If a contractor claims an error or omission based upon incorrect cost reporting, amended cost report pages shall be prepared and submitted by the contractor. Amended pages shall be accompanied by the certification required by WAC 275-38-560 and a written justification explaining why the amendment is necessary. Such amendments shall not be accepted for settlement purposes unless the amendments meet the requirements of WAC 275-38-570, but may be used for purposes of revising a prospective rate. If changes made by the amendments are determined to be material by the department according to standards established by the department, such amended pages shall be subject to field audit. If a field audit determines the amendments are incorrect or otherwise unacceptable, any rate adjustment based on the amendment shall be null and void. Payments based upon the rate adjustment shall be subject to repayment as provided in subsection (3) of this section.

(3) The contractor shall pay an amount he or she owes the department resulting from an error or omission, or commence repayment in accordance with a schedule determined by the department, within sixty days after receipt of notification of the rate adjustment, unless the contractor contests the department's determination in accordance with the procedures set forth in WAC 275-38-960. If the determination is contested, the contractor

shall pay or commence repayment within sixty days after completion of these proceedings. If a refund is not paid when due, the amount thereof may be deducted from current payments by the department.

(4) The department shall pay any amount owed the contractor as a result of a rate adjustment within thirty days after the department notifies the contractor of the rate adjustment.

(5) No adjustments will be made to a rate after the annual settlement for the period the rate was effective has become final. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-900, filed 8/3/82.]

**WAC 275-38-905 Requests for revision of a prospective rate.** (1) A contractor may at any time request in writing a revision of the current rate. Each request shall include a detailed explanation of significant changes in the factors used to establish the rate, or of significant changes in actual costs incurred or anticipated.

(2) The department will inform a contractor of the disposition of a request within sixty days after receipt of the request and of any documentation necessary to support the request. Unless otherwise specified, a revised rate shall be effective as of the first day of the month in which the rate is issued.

(3) A formal request is not required for a rate increase granted to all contractors to cover the cost of meeting new federal or state requirements. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-905, filed 8/3/82.]

**WAC 275-38-910 Public review of rate-setting methods and standards.** The department will provide all interested members of the public with an opportunity to review and comment on proposed rate-setting methods and standards each year before setting rates. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-910, filed 8/3/82.]

**WAC 275-38-915 Public disclosure of rate-setting methodology.** Without identifying individual IMR facilities, the department will make available to the public full information regarding the department's rate-setting methodology. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-915, filed 8/3/82.]

**WAC 275-38-920 Billing period.** A contractor shall bill the department for care provided to medical care recipients from the first through the last day of each calendar month. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-920, filed 8/3/82.]

**WAC 275-38-925 Billing procedures.** (1) A contractor shall bill the department each month by completing and returning the IMR statement provided by the department. The IMR statement shall be completed and filed in accordance with instructions issued by the department.

(2) A contractor shall not bill the department for service provided to a resident until a department "notification to recipient in a Title XIX facility" form (award letter) relating to the resident has been received. At that time the contractor may bill for service provided back through the date the resident was admitted or became eligible.

(3) Billing shall not cover the day of a resident's death, discharge, or transfer from the IMR facility. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-925, filed 8/3/82.]

**WAC 275-38-930 Charges to residents.** (1) The department will notify a contractor of the amount each resident is required to pay for care provided under the contract and the effective date of such required contribution. It is the contractor's responsibility to collect that portion of the cost of care from the resident, and to account for any authorized reduction from his or her contribution in accordance with procedures established by the department.

(2) If a contractor receives documentation showing a change in the income or resources of a resident which will mean a change in his or her contribution toward the cost of care, this shall be reported in writing to the regional services office, DDD, within seventy-two hours. If necessary, appropriate corrections shall be made in the next IMR statement, and a copy of documentation supporting the change shall be attached. If increased funds for a resident are received by a contractor, the normal amount shall be allowed for clothing, personal, and incidental expense, and the balance applied to the cost of care.

(3) The contractor shall accept the reimbursement rate established by the department as full compensation for all services the contractor is obligated to provide under the contract. The contractor shall not seek or accept additional compensation from or on behalf of a resident for any or all such services. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-930, filed 8/3/82.]

**WAC 275-38-935 Payment.** (1) The department will reimburse a contractor for service rendered under the IMR contract and billed for in accordance with WAC 275-38-925.

(2) The amount paid will be computed using the appropriate rate assigned to the contractor.

(3) For each resident, the department will pay an amount equal to the appropriate rate or rates, multiplied by the number of resident days each rate was in effect, less the amount the resident is required to pay for his or her care (see WAC 275-38-930). [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-935, filed 8/3/82.]

**WAC 275-38-940 Suspension of payment.** (1) Payments to a contractor may be withheld by the department in each of the following circumstances:

(a) A required report is not properly completed and filed by the contractor within the appropriate time period, including any approved extensions. Payments will be released as soon as a properly completed report is received.

(b) Auditors or other authorized department personnel in the course of his or her duties are refused access to an IMR or are not provided with existing appropriate records. Payments will be released as soon as such access or records are provided.

(c) A refund in connection with an annual settlement or rate adjustment is not paid by the contractor when due. The amount withheld will be limited to the unpaid amount of the refund.

(d) Payment for the final thirty days of service under a contract will be held pending final settlement when the contract is terminated.

(2) No payment will be withheld until written notification of the suspension is given to the contractor, stating the reason therefor. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-940, filed 8/3/82.]

**WAC 275-38-945 Termination of payments.** All payments to a contractor will end no later than thirty days after any of the following occurs:

(1) A contract expires, is terminated or is not renewed;

(2) A facility license is revoked; or

(3) A facility is decertified as a Title XIX facility. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-945, filed 8/3/82.]

**WAC 275-38-950 Disputes.** (1) If a contractor wishes to contest the way a rule, contract provision, or policy statement relating to the prospective cost-related reimbursement system was applied to the contractor by the department, (e.g., in setting a reimbursement rate or determining a disallowance at audit), the contractor shall first pursue the administrative review process set out in WAC 275-38-960.

(2) The administrative review process in WAC 275-38-960 need not be exhausted if a contractor wishes to challenge the legal validity of a statute, rule, contract provision or policy statement. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-950, filed 8/3/82.]

**WAC 275-38-955 Recoupment of undisputed overpayments.** The department is authorized to withhold from the IMR current payment all amounts found by proposed or final settlement to be overpayments not identified by the IMR and challenged as overpayments as part of a good-faith administrative or judicial review. Contested amounts retained by the IMR pursuant to this section may be subject to recoupment by the department from the IMR current payment upon completion of judicial and administrative review procedures to the extent the department's position or claims are upheld. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-955, filed 8/3/82.]

**WAC 275-38-960 Administrative review process.**

(1) Within thirty days after a contractor is notified of an action or determination the contractor wishes to challenge, the contractor shall request in writing the director of the division of developmental disabilities or his or her designee review such determination. The request shall be signed by the contractor or the licensed administrator of the facility, shall identify the challenged determination and the date thereof, and shall state as specifically as practicable the grounds for the contractor's or licensed administrator's contention the determination was erroneous. Copies of any documentation the contractor intends to rely on to support the contractor's position shall be included with the request.

(2) After receiving a request meeting the criteria in subsection (1) of this section, the director of the division of developmental disabilities will contact the contractor to schedule a conference for the earliest mutually convenient time. The conference shall be scheduled for no later than thirty days after a properly completed request is received unless both parties agree in writing to a specific later date.

(3) The contractor and appropriate representatives of the department shall attend the conference. In addition, representatives selected by the contractor may attend and participate. The contractor shall bring to the conference, or provide to the department in advance of the conference, any documentation the contractor intends to rely on to support the contractor's contentions. The parties shall clarify and attempt to resolve the issues at the conference. If additional documentation is needed to resolve the issues, a second session of the conference shall be scheduled for not later than thirty days after the initial session unless both parties agree in writing to a specific later date.

(4) Unless informal agreement has been reached at the conference, a written decision by the director of the division of developmental disabilities will be furnished to the contractor within sixty days after the conclusion of the conference.

(5) If the contractor desires review of an adverse decision of the director of the division of developmental disabilities, the contractor shall within thirty days following receipt of such decision request a fair hearing in writing in accordance with the Administrative Procedure Act, chapter 34.04 RCW. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-960, filed 8/3/82.]

- 275-39-010 filed 11/17/82. Statutory Authority: RCW 74.26.040. Facility certification. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-010, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-015 Purpose. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-015, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-020 Eligibility for services of a MFCF. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-020, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-025 Definitions. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-025, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-030 Medically fragile child. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-030, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-035 Intensive support medical services. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-035, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-040 Philosophy, objectives, and goals. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-040, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-045 Policy and procedure manuals. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-045, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-050 Governing body. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-050, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-055 Chief executive officer. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-055, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-056 Qualified mental retardation professional. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-056, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-060 Organization chart. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-060, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-065 Management audit plan. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-065, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-070 Research statement. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-070, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-075 Written policies. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-075, filed 10/21/80.] Repealed by 82-23-058 (Order 1906),

**Chapter 275-39 WAC**

**MEDICALLY FRAGILE CHILDREN'S FACILITIES**

**WAC**

275-39-005 through 275-39-675 Repealed.

**DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER**

275-39-005 Authority. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-005, filed 10/21/80.] Repealed by 82-23-058 (Order 1906),

- filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-080 Licensure and professional standards. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-080, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-085 Suspension and dismissal. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-085, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-090 Sufficient staffing and resident work. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-090, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-100 Staff training program. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-100, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-105 Staff treatment of residents. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-105, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-110 Admission criteria and evaluations. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-110, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-115 Availability of rules and procedures. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-115, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-120 Number of residents. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-120, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-125 Review of preadmission evaluation. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-125, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-130 Quarterly review of resident's status. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-130, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-135 Record and reports of reviews. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-135, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-140 Release from the MFCF. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-140, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-145 Transfer to another facility. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-145, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-150 Emergencies or death of a resident. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-150, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-155 Resident's civil rights. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-155, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-160 Residents' bill of rights. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-160, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-165 Delegation of rights and responsibilities. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-165, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-170 Resident finances. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-170, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-175 Staff-resident communications. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-175, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-180 Communication with residents and parents. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-180, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-185 Dental services—Diagnostic services. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-185, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-190 Dental services—Treatment. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-190, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-195 Dental services—Oral health education and training. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-195, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-200 Dental services—Records. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-200, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-205 Dental services—Formal arrangements. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-205, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-210 Dental services—Staff. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-210, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-211 Educational services. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-211, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-215 Food and nutrition services—Required services. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-215, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-220 Food and nutrition services—Diet requirements. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-220, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-225 Food and nutrition services—Meal service. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-225, filed 10/21/80.] Repealed by

- 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-230 Food and nutrition services—Menus. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-230, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-235 Food and nutrition services—Food storage. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-235, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-240 Food and nutrition services—Work areas. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-240, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-245 Food and nutrition services—Dining areas and service. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-245, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-250 Food and nutrition services—Training of residents and direct-care staff. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-250, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-255 Food and nutrition services—Staff. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-255, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-260 Food and nutrition services—Dietitian (qualified consultant). [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-260, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-265 Medical services—Required services. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-265, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-270 Medical services—Goals and evaluations. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-270, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-275 Medical services—Arrangements with outside resources. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-275, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-280 Medical services—Preventive health services. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-280, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-285 Medical services—Physician (qualified consultant). [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-285, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-290 Nursing services—Required services. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-290, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-295 Nursing services—Inservice training. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-295, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-300 Nursing services—Staff. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-300, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-305 Nursing services—Supervision of health services. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-305, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-310 Nursing services—Director of nursing services. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-310, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-315 Nursing services—A staff nurse. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-315, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-320 Pharmacy services—Required services. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-320, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-325 Pharmacy services—Pharmacist. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-325, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-330 Pharmacy services—Drugs and medications. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-330, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-335 Pharmacy services—Drug storage. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-335, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-340 Physical and occupational therapy services—Required services. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-340, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-345 Physical and occupational therapy services—Records and evaluations. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-345, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-350 Physical and occupational therapy services—Staff and facilities. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-350, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-355 Physical and occupational therapy services—Occupational therapist (qualified consultant). [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-355, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-360 Physical and occupational therapy services—Occupational therapy assistant. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-360, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-365 Physical and occupational therapy services—Physical therapist (qualified consultant). [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-365, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.

- 275-39-370 Physical and occupational therapy services—Physical therapist assistant. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-370, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-375 Psychological services—Required services. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-375, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-380 Psychological services—Psychologist. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-380, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-385 Recreational services—Required services. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-385, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-390 Recreational services—Records. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-390, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-395 Recreational services—Staff. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-395, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-400 Residential services—Responsibilities of living unit staff. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-400, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-405 Residential services—Resident evaluation and program plans. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-405, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-410 Residential services—Resident activities. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-410, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-415 Residential services—Personal possessions. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-415, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-420 Residential services—Control and discipline of residents. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-420, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-425 Residential services—Physical restraint of residents. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-425, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-430 Residential services—Mechanical devices used for physical restraint. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-430, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-435 Residential services—Chemical restraint of residents. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-435, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-440 Residential services—Behavior modification programs. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-440, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-445 Residential services—Resident clothing. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-445, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-450 Residential services—Health, hygiene, grooming and toilet training. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-450, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-455 Residential services—Grouping and organization of living units. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-455, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-460 Residential services—Resident living staff. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-460, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-465 Residential services—Resident living areas. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-465, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-470 Residential services—Resident bedrooms—Space and occupancy. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-470, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-475 Residential services—Resident bedrooms—Furniture and bedding. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-475, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-480 Residential services—Storage space in living units. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-480, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-485 Residential services—Resident bathrooms. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-485, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-490 Residential services—Heating and ventilation in living units. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-490, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-495 Residential services—Floors in living units. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-495, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-500 Residential services—Emergency lighting. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-500, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-505 Respiratory therapy services—Respiratory therapist (qualified consultant). [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-505, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-510 Training and habilitation services—Required services. [Statutory Authority: RCW 74.26.040. 80-15-083

- 275-39-515 Training and habilitation services—Staff. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-515, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-520 Training and habilitation services—Needed services. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-520, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-525 Training and habilitation services—Agreements with outside resources. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-525, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-530 Training and habilitation services—Quality standards for outside resources. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-530, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-535 Training and habilitation services—Planning and evaluation. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-535, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-545 Speech pathology and audiology services—Required services. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-545, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-550 Speech pathology and audiology services—Evaluations and assessments. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-550, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-555 Speech pathology and audiology services—Staff and facilities. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-555, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-560 Speech pathology and audiology services—Speech pathologist or audiologist (qualified consultant). [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-560, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-565 Social services—Required services. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-565, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-570 Social services—Social workers. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-570, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-575 Social services—Social worker (qualified consultant). [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-575, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-580 Records—Maintenance of resident records. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-580, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-585 Records—Admission records. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-585, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-590 Records—Record entries during residence. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-590, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-595 Records—Confidentiality. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-595, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-600 Records—Central record service. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-600, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-605 Records—Staff and facilities. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-605, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-610 Facility support services—Administrative support services. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-610, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-615 Facility support services—Communication system. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-615, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-620 Facility support services—Engineering and maintenance. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-620, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-625 Facility support services—Laundry services. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-625, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-630 Facility requirements—Equipment. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-630, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-635 Safety and sanitation—Emergency plan and procedures. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-635, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-640 Safety and sanitation—Evacuation drills. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-640, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-645 Safety and sanitation—Fire protection. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-645, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-655 Safety and sanitation—Fire protection waivers. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-655, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-660 Safety and sanitation—Paint. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-660, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.

**Chapter 275-39**

**Title 275 WAC: DSHS (Institutions)**

- 275-39-665 Safety and sanitation—Building accessibility and use. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-665, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-670 Safety and sanitation—Sanitation records and reports. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-670, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.
- 275-39-675 Safety and sanitation—Health and safety laws. [Statutory Authority: RCW 74.26.040. 80-15-083 (Order 1557), § 275-39-675, filed 10/21/80.] Repealed by 82-23-058 (Order 1906), filed 11/17/82. Statutory Authority: RCW 74.26.040.

**WAC 275-39-005 through 275-39-675 Repealed.**  
See Disposition Table at beginning of this chapter.

**Chapter 275-40 WAC**

**ANNUAL INSPECTION OF ALL JAILS AND  
DETENTION FACILITIES BY THE DIRECTOR OF  
INSTITUTIONS OR HIS DESIGNEE**

WAC  
275-40-010 through 275-40-070 Repealed.

**DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS  
CHAPTER**

- 275-40-010 Annual inspection. [Order 9, § 275-40-010, filed 12/5/69.] Repealed by 82-04-023 (Order 82-3), filed 1/26/82. Statutory Authority: RCW 42.17.250.
- 275-40-020 Reports. [Order 9, § 275-40-020, filed 12/5/69.] Repealed by 82-04-023 (Order 82-3), filed 1/26/82. Statutory Authority: RCW 42.17.250.
- 275-40-030 Special subjects of inspection and reports. [Order 9, § 275-40-030, filed 12/5/69.] Repealed by 82-04-023 (Order 82-3), filed 1/26/82. Statutory Authority: RCW 42.17.250.
- 275-40-040 Inspection results and ratings. [Order 9, § 275-40-040, filed 12/5/69.] Repealed by 82-04-023 (Order 82-3), filed 1/26/82. Statutory Authority: RCW 42.17.250.
- 275-40-050 Training programs. [Order 9, § 275-40-050, filed 12/5/69.] Repealed by 82-04-023 (Order 82-3), filed 1/26/82. Statutory Authority: RCW 42.17.250.
- 275-40-060 Annual report to legislature. [Order 9, § 275-40-060, filed 12/5/69.] Repealed by 82-04-023 (Order 82-3), filed 1/26/82. Statutory Authority: RCW 42.17.250.
- 275-40-070 Review and revision. [Order 9, § 275-40-070, filed 12/5/69.] Repealed by 82-04-023 (Order 82-3), filed 1/26/82. Statutory Authority: RCW 42.17.250.

**WAC 275-40-010 through 275-40-070 Repealed.**  
See Disposition Table at beginning of this chapter.

**Chapter 275-52 WAC**

**INSTITUTIONAL INDUSTRIES COMMISSION  
HEARINGS--SALE OF PRODUCTS**

WAC  
275-52-010 through 275-52-020 Repealed.

**DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS  
CHAPTER**

- 275-52-010 Hearings. [Order 756, § 275-52-010, filed 12/14/72.] Repealed by 82-04-023 (Order 82-3), filed 1/26/82. Statutory Authority: RCW 42.17.250.
- 275-52-015 Subject of hearings. [Order 756, § 275-52-015, filed 12/14/72.] Repealed by 82-04-023 (Order 82-3), filed 1/26/82. Statutory Authority: RCW 42.17.250.
- 275-52-020 Sale of produce. [Order 740, § 275-52-020, filed 11/22/72.] Repealed by 82-04-023 (Order 82-3), filed 1/26/82. Statutory Authority: RCW 42.17.250.

**WAC 275-52-010 through 275-52-020 Repealed.**  
See Disposition Table at beginning of this chapter.

**Chapter 275-55 WAC**

**VOLUNTARY ADMISSION--INVOLUNTARY  
COMMITMENT, TREATMENT AND/OR  
EVALUATION OF MENTALLY ILL PERSONS**

- WAC
- 275-55-010 Purpose.
- 275-55-020 Definitions.
- 275-55-021 Application of rules to minors.
- 275-55-030 Private agencies which may admit voluntary patients.
- 275-55-040 Voluntary admission to public or private agency—  
Voluntary adult.
- 275-55-041 Repealed.
- 275-55-050 Application for admission—Voluntary minor.
- 275-55-060 Admission to public agency—Voluntary minor.
- 275-55-061 Repealed.
- 275-55-070 Repealed.
- 275-55-071 Discharge—Voluntary minor.
- 275-55-080 Repealed.
- 275-55-081 Periodic review—Voluntary inpatient.
- 275-55-090 Limitation on length of stay—Readmission voluntary  
patients.
- 275-55-100 Repealed.
- 275-55-110 Discharge of voluntary patient—Release of clinical  
summary.
- 275-55-120 Repealed.
- 275-55-121 Involuntary detention and commitment—Minor.
- 275-55-130 Repealed.
- 275-55-131 Nonadmission of involuntarily detained person—  
Transportation.
- 275-55-140 Repealed.
- 275-55-141 Protection of patient's property—Involuntary patient.
- 275-55-150 Repealed.
- 275-55-151 Evaluation and examination—Involuntary patient.
- 275-55-160 Repealed.
- 275-55-161 Treatment prior to hearings—Involuntary patient.
- 275-55-170 Repealed.
- 275-55-171 Early release or discharge of involuntary patient—  
Release of clinical summary—Notification of court.
- 275-55-180 Repealed.
- 275-55-181 Conditional release—Involuntary patient.
- 275-55-190 Repealed.
- 275-55-191 Revocation of conditional release—Secretary's desig-  
nee—Involuntary patient.
- 275-55-200 Repealed.
- 275-55-201 Discharge of indigent patient—Involuntary patient.
- 275-55-210 Repealed.
- 275-55-211 Advising patient of rights.
- 275-55-220 Repealed.
- 275-55-230 Repealed.
- 275-55-231 Conversion to voluntary status by involuntary pa-  
tient—Rights.
- 275-55-240 Repealed.
- 275-55-241 Rights of patient.
- 275-55-250 Repealed.
- 275-55-260 Repealed.



- 275-55-261 Requirements for certifying evaluation and treatment components.
- 275-55-263 Certification standards for evaluation and treatment components.
- 275-55-270 Repealed.
- 275-55-271 Outpatient component.
- 275-55-280 Repealed.
- 275-55-281 Emergency component.
- 275-55-282 Repealed.
- 275-55-284 Repealed.
- 275-55-286 Repealed.
- 275-55-288 Repealed.
- 275-55-290 Repealed.
- 275-55-291 Short-term inpatient component.
- 275-55-293 Certification procedure—Waivers—Provisional certification—Renewal of certification.
- 275-55-295 Decertification.
- 275-55-297 Appeal procedure.
- 275-55-301 Alternatives to inpatient treatment.
- 275-55-331 Requirements for evaluation and treatment facilities serving minors.
- 275-55-341 Use of restraints and seclusion by agency not certified as an evaluation and treatment facility.
- 275-55-351 Research.
- 275-55-361 Involuntary evaluation and treatment costs—Responsibility of involuntary patient.
- 275-55-363 Involuntary evaluation and treatment costs—Collection by agency.
- 275-55-365 Involuntary evaluation and treatment costs—Responsibility of county.
- 275-55-367 Involuntary evaluation and treatment costs—Responsibility of department.
- 275-55-371 Exceptions to rules—Waivers.
- 275-55-150 Voluntary patient—Periodic review. [Order 955, § 275-55-150, filed 7/26/74; Order 900, § 275-55-150, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-160 Available physician or other professional person. [Order 900, § 275-55-160, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-170 Advising patient of rights. [Order 955, § 275-55-170, filed 7/26/74; Order 900, § 275-55-170, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-180 Involuntary patient—Evaluation and examination. [Order 1122, § 275-55-180, filed 6/2/76; Order 955, § 275-55-180, filed 7/26/74; Order 900, § 275-55-180, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-190 Involuntary patients—Treatment prior to hearings. [Order 900, § 275-55-190, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-200 Protection of patients' property. [Order 900, § 275-55-200, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-210 Voluntary treatment of involuntary patient. [Order 955, § 275-55-210, filed 7/26/74; Order 900, § 275-55-210, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-220 Professional persons in charge. [Order 900, § 275-55-220, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-230 Revocation of conditional release. [Order 1122, § 275-55-230, filed 6/2/76; Order 955, § 275-55-230, filed 7/26/74; Order 900, § 275-55-230, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-240 Release of indigent patients. [Order 900, § 275-55-240, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-250 Research. [Order 1122, § 275-55-250, filed 6/2/76; Order 900, § 275-55-250, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-260 Release of information. [Order 1122, § 275-55-260, filed 6/2/76; Order 955, § 275-55-260, filed 7/26/74; Order 900, § 275-55-260, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-270 Patient's rights. [Order 1122, § 275-55-270, filed 6/2/76; Order 955, § 275-55-270, filed 7/26/74; Order 900, § 275-55-270, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-280 Standards for certification of evaluation and treatment facilities. [Order 1122, § 275-55-280, filed 6/2/76; Order 1029, § 275-55-280, filed 5/29/75; Order 955, § 275-55-280, filed 7/26/74; Order 900, § 275-55-280, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-282 Outpatient component. [Order 1029, § 275-55-282, filed 5/29/75.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-284 Emergency component. [Order 1029, § 275-55-284, filed 5/29/75.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-286 Inpatient component. [Order 1029, § 275-55-286, filed 5/29/75.] Repealed by 82-07-024 (Order

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- 275-55-041 Voluntary adult patient—Detention. [Order 1122, § 275-55-041, filed 6/2/76; Order 955, § 275-55-041, filed 7/26/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-061 Voluntary admission—Adult—Conservator. [Order 955, § 275-55-061, filed 7/26/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-070 Forwarding information to department. [Order 1122, § 275-55-070, filed 6/2/76; Order 955, § 275-55-070, filed 7/26/74; Order 900, § 275-55-070, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-080 Alternatives to admittance to inpatient treatment. [Order 1122, § 275-55-080, filed 6/2/76; Order 955, § 275-55-080, filed 7/26/74; Order 900, § 275-55-080, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-100 Mental health professional, psychologist, social worker, psychiatric nurse. [Order 1122, § 275-55-100, filed 6/2/76; Order 955, § 275-55-100, filed 7/26/74; Order 900, § 275-55-100, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-120 Conditional release of patient. [Order 955, § 275-55-120, filed 7/26/74; Order 900, § 275-55-120, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-130 Voluntary minor—Release. [Order 955, § 275-55-130, filed 7/26/74; Order 900, § 275-55-130, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-140 Involuntary commitment and detention of minor. [Order 955, § 275-55-140, filed 7/26/74; Order 900, § 275-55-140, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.

- 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-288 Standards for evaluation and treatment facilities serving minors. [Order 1122, § 275-55-288, filed 6/2/76; Order 1029, § 275-55-288, filed 5/29/75.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.
- 275-55-290 Financial assistance to counties. [Order 1122, § 275-55-290, filed 6/2/76; Order 955, § 275-55-290, filed 7/26/74; Order 900, § 275-55-290, filed 1/25/74.] Repealed by 82-07-024 (Order 1775), filed 3/11/82. Statutory Authority: RCW 71.05.560.

**WAC 275-55-010 Purpose.** These regulations are adopted pursuant to and in accordance with chapter 71.05 and 72.23 RCW. These regulations are adopted to provide operational procedures for the voluntary treatment, involuntary commitment, evaluation and/or treatment of mentally ill persons; to provide standards for certification of evaluation and treatment facilities; and to provide procedures for financial assistance to counties and evaluation and treatment facilities. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-010, filed 3/11/82; Order 900, § 275-55-010, filed 1/25/74.]

**WAC 275-55-020 Definitions.** (1) "Department" means the department of social and health services of the state of Washington.

(2) "Secretary" means the secretary of the department of social and health services or his or her designee.

(3) "Director" means the director of the mental health division of the department of social and health services or his or her designee.

(4) "Superintendent" means the superintendent of a state hospital or his or her designee.

(5) "Chapter" means chapter 275-55 WAC.

(6) "County designated mental health professional" means a person appointed by the county to perform the duties specified in chapter 71.05, and 72.23 RCW, and

(a) Who meets the educational and/or experience requirements as specified in WAC 275-55-020(33)(a), (b), (c), or

(b) Where exception has been granted by the director pursuant to WAC 275-55-020(33)(d).

(7) "Professional person in charge" as used in chapter 71.05, and 72.23 RCW and these rules, unless otherwise defined, means the mental health professional having chief clinical responsibility for the mental health evaluation and treatment unit within the agency, or his or her designee who must also be a mental health professional.

(8) "Available physician or other professional person" as used in RCW 71.05.090 means either a licensed physician or a mental health professional as defined in subsection (33) of this section.

(9) "Agency" means a public or private agency as specified in RCW 71.05.020(6) and (7), respectively.

(10) "Rule" means a rule within these rules and regulations.

(11) "Facility" means an evaluation and treatment facility.

(12) "Component" means any one of the three evaluation and treatment services required to be provided

within an evaluation and treatment program as specified by WAC 275-55-020(14)(a) and (b), and required to be certified as specified by WAC 275-55-020(13)(b).

(13) "Evaluation and treatment facility" means a public or private agency providing one or more components in compliance with the following:

(a) The agency shall be under contract or written agreement with an evaluation and treatment program pursuant to WAC 275-55-261. Exceptions to this rule are specified in WAC 275-55-020(13)(c).

(b) Each component of the agency shall be certified by the department pursuant to WAC 275-55-261(3) and (6), and 275-55-263. Exceptions to this rule are specified in WAC 275-55-020(13)(c). Certification is required for any component serving involuntary patients. Certification of a component shall not preclude such component from also serving voluntary patients. A certified component shall comply with all rules and regulations of this chapter and with chapter 71.05 RCW as applicable to both involuntary and voluntary patients.

(c) Exceptions:

(i) Any agency operating a component serving voluntary patients exclusively will not require certification of such component nor require being under contract to an evaluation and treatment program.

(ii) A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility.

(iii) A facility which is part of, or operated by, the department or any federal agency will not require certification of the facility's component or components nor require being under contract to an evaluation and treatment program.

(14) "Evaluation and treatment program" means a coordinated system of evaluation and treatment services administered by an agency or a county pursuant to WAC 275-55-261, and is provided to involuntary patients and to persons voluntarily seeking treatment for a mental disorder.

(a) Such evaluation and treatment services shall include at least all three of, but are not limited to, the following components:

(i) Outpatient.

(ii) Emergency.

(iii) Short-term inpatient.

(b) Such evaluation and treatment services shall be provided by an evaluation and treatment facility or facilities.

(15) "Medical evaluation" means an evaluation performed by a licensed physician including both a mental status and physical examination.

(16) "Patient" means a person admitted to an agency, facility or component, voluntarily or involuntarily, for observation, evaluation, care and/or treatment for a mental disorder.

(17) "Mental disorder" means any organic, mental, or emotional impairment having substantial adverse effects on an individual's cognitive or volitional functions, classified in accordance with the current diagnostic and statistical manual of the American psychiatric association.

(18) "Involuntary patient" means a person who, as a result of a mental disorder, presents a likelihood of serious harm (RCW 71.05.020(3)) or is gravely disabled (RCW 71.05.020(1)), and is initially detained and/or court-committed for evaluation and treatment.

(19) "Detention" means a person being held in a facility involuntarily pursuant to applicable sections of chapter 71.05 RCW, and the person not being permitted willful physical movement beyond the facility without express prior permission.

(20) "Initial detention" means the first seventy-two hour period, or part thereof, or involuntary evaluation and treatment required by a petition for initial detention, emergency detention, or supplementary petition for initial detention.

(21) "Seventy-two hour period" shall be computed to:

(a) Start on the time and date the inpatient or outpatient component of the evaluation and treatment facility provisionally accepts the person to be detained as specified in RCW 71.05.170, and

(b) Exclude Saturdays, Sundays, and holidays.

(22) Deleted.

(23) "Admission" means acceptance of a person as an inpatient or outpatient by the facility.

(24) "Discharge" means release of a patient from a component or from a facility.

(25) "Transfer," unless otherwise defined, means a move of the patient by a facility between treatment services or components of the facility, or between facilities, and may or may not include a discharge from the transferring service, component or facility.

(26) "Release from commitment" means legal termination of the order of commitment.

(27) "Early release" means release of the involuntary patient from the order of commitment prior to the original expiration date of the commitment order.

(28) "Conditional release" means a transfer of the involuntary patient from inpatient to outpatient treatment pursuant to conditions specified for the patient by the transferring facility or component. The involuntary patient remains under order of commitment.

(29) "Shock treatment" means electroconvulsive therapy.

(30) Whenever used in this chapter, the masculine shall include the feminine and the singular shall include the plural.

(31) "County" means a county, or a combinations of counties jointly agreeing to provide or cause to be provided the services required by this section.

(32) "Coordinator" means county mental health coordinator, and is the person appointed by the county to supervise and/or otherwise coordinate the community mental health program services of a county.

(33) "Mental health professional" means a person regularly involved in mental health evaluation and treatment, and qualifying as one of the following:

(a) A psychiatrist, psychologist, psychiatric nurse, or social worker.

(b) A person with a masters degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such person

shall have, in addition, at least two years of experience in direct treatment of mentally ill or emotionally disturbed persons, such experience gained under the supervision of a mental health professional.

(c) A licensed physician permitted to practice medicine or osteopathy in the state of Washington.

(d) A person otherwise qualified to perform the duties of a mental health professional but does not meet the requirements listed in subsection (33)(a), (b), or (c) of this section, where an exception to such requirements has been granted by the director upon submission of a written request by the county involved, such request to document the following:

(i) The extent to which the county has made an effort to provide and has the capability of providing a mental health professional;

(ii) The amount and type of employment experience the applicant possesses. Such an applicant shall have had at least three years experience in the direct treatment of mentally ill or emotionally disturbed persons, such experience gained under the supervision of a mental health professional, as defined under subsection (33)(a), (b), or (c) of this section;

(iii) The overall needs of the mental health program in the particular county involved; and

(iv) Such factors as shall be brought to the attention of the director by the county involved.

(34) "Psychiatrist" means a physician licensed to practice medicine in the state of Washington having, in addition, completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association.

(35) "Psychologist" means persons defined as such in RCW 71.05.020(14).

(36) "Social worker" means persons defined as such in RCW 71.05.020(15).

(37) "Psychiatric nurse" means a registered nurse having had, in addition, at least two years experience in the direct treatment of mentally ill or emotionally disturbed persons, such experience gained under the supervision of a mental health professional as defined in subsection (33)(a), (b), or (c) of this section.

[(38) "Psychiatric nurse clinician" means a registered nurse] having [a] masters [degree or further advanced degree from an accredited college or university and whose graduate specialization was in psychiatric nursing.] [Statutory Authority: RCW 71.05.560, 82-07-024 (Order 1775), § 275-55-020, filed 3/11/82; Order 1122, § 275-55-020, filed 6/2/76; Order 955, § 275-55-020, filed 7/26/74; Order 900, § 275-55-020, filed 1/25/74.]

**Reviser's note:** RCW 34.04.058 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

**WAC 275-55-021 Application of rules to minors.** Where no reference is made to a minor in a particular rule and no specific rule for minors is found in this

chapter, or in chapter 71.05 RCW, or in RCW 72.23.070, then the particular rule in question shall apply to the minor as well as to the adult. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-021, filed 3/11/82.]

**WAC 275-55-030 Private agencies which may admit voluntary patients.** Any private agency, as defined in RCW 71.05.020(7), may receive as a voluntary patient any person suffering from a mental disorder. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-030, filed 3/11/82; Order 900, § 275-55-030, filed 1/25/74.]

**WAC 275-55-040 Voluntary admission to public or private agency—Voluntary adult.** Any private agency receiving a voluntary patient eighteen years of age or older pursuant to WAC 275-55-030 and any public agency as defined in RCW 71.05.020(6) receiving such patient, shall require written application signed by the voluntary patient stating such application is a voluntary action by the patient, and shall advise such patient of his or her rights pursuant to WAC 275-55-211(1). [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-040, filed 3/11/82; Order 955, § 275-55-040, filed 7/26/74; Order 900, § 275-55-040, filed 1/25/74.]

**WAC 275-55-041 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-050 Application for admission—Voluntary minor.** (1) A person under eighteen years of age, or others on his or her behalf, may make application for and authorize treatment pursuant to RCW 72.23.070.

(2) Any person under the age of eighteen but over the age of thirteen may make application for and receive mental health care upon his or her own application without consent of his or her parent, parents, guardian, conservator, or other person entitled to custody, unless such treatment involves inpatient care.

(a) Applications for voluntary inpatient care made by persons in such age range shall be accompanied by a written consent of the parent(s), conservator, guardian, or other person entitled to custody.

(b) Prescription of psychotropic medications shall be made only with prior written consent of the parent(s), conservator, guardian, or other person entitled to custody.

(4) Every person under eighteen years of age shall have all the rights provided for persons eighteen years of age or over as set forth in this chapter, in chapter 71.05 and 72.23 RCW, except the rights specifically modified by RCW 72.23.070. Further, a copy of all such rights shall be provided to the minor upon admission. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-050, filed 3/11/82; Order 1122, § 275-55-050, filed 6/2/76; Order 955, § 275-55-050, filed 7/26/74; Order 900, § 275-55-050, filed 1/25/74.]

**WAC 275-55-060 Admission to public agency—Voluntary minor.** (Reference RCW 72.23.070(2)) (1) Upon receipt of any application for admission of a minor to an inpatient unit of a public agency as defined in RCW 71.05.020(6), such agency shall notify the designated county mental health professional of the county of the patient's residence, who shall submit a written report and evaluation with recommendations to the superintendent or the professional person in charge of such agency as to whether treatment is necessary and proper on a voluntary basis, and stating reasons for such voluntary treatment.

(2) After receipt of such recommendations, the professional person in charge shall make final determination as to the admission of the minor.

(3) Before receipt of such recommendations, a patient may be temporarily admitted if the professional person in charge determines temporary admission to be in the best interest of that patient. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-060, filed 3/11/82; Order 1122, § 275-55-060, filed 6/2/76; Order 955, § 275-55-060, filed 7/26/74; Order 900, § 275-55-060, filed 1/25/75.]

**WAC 275-55-061 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-070 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-071 Discharge—Voluntary minor.** (1) A voluntarily admitted minor over thirteen years of age shall have the right to release in accordance with RCW 72.23.070(e).

(2) Minors under thirteen years of age shall not be released at the request of the minor but shall be released immediately upon the request of such minor's parent(s), conservator, guardian, or other person entitled to custody, unless the professional person in charge objects immediately in writing to the juvenile court specifying grounds sufficient for involuntary detention of the minor.

(3) When the facility objects immediately in writing to the juvenile court specifying grounds sufficient to allow involuntary detention, as required in RCW 72.23.070(3)(e), and serves a copy of such objection to the parent(s), conservator, guardian or other person entitled to custody, the facility may detain the minor patient until the next judicial day at which time a petition for involuntary treatment must be filed. When the petition is filed, the minor may be held for a further reasonable time, not to exceed five judicial days, in order for the juvenile court to hear such petition.

(4) The immediate objection in writing to the juvenile court as required by this rule shall be the same as a petition for initial detention of the minor, and shall be filed with the juvenile court on the next judicial day. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-071, filed 3/11/82.]

**WAC 275-55-080 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-081 Periodic review--Voluntary inpatient.** The condition and status of a voluntary patient shall be reviewed at least each one hundred eighty days. (Reference RCW 71.05.050) At the time of such review, the patient shall again be advised orally of his or her right to release and in writing of his or her rights as set forth under WAC 275-55-241(1) and (2). The patient's review shall include but not be limited to an evaluation of the patient's individual treatment program and progress, recommendations for future treatment, and consideration of possibly less restrictive treatment. Such review shall be undertaken under the supervision and direction of the professional person in charge. Written documentation of such review shall be maintained in the patient's clinical record. [Statutory Authority: RCW 71.05.560, 82-07-024 (Order 1775), § 275-55-081, filed 3/11/82.]

**WAC 275-55-090 Limitation on length of stay--Readmission voluntary patients.** No person shall be carried continuously as a voluntary patient for a period of more than one year. (Reference RCW 72.23.100 and 71.05.050) However, a patient may be readmitted pursuant to admission procedures at the end of any one-year period. [Statutory Authority: RCW 71.05.560, 82-07-024 (Order 1775), § 275-55-090, filed 3/11/82; Order 900, § 275-55-090, filed 1/25/74.]

**WAC 275-55-100 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-110 Discharge of voluntary patient--Release of clinical summary.** (1) For the purposes of this section, "hospital" includes state and federal hospitals for the mentally ill.

(2) Nothing in these rules and regulations shall be construed so as to prohibit the superintendent or professional person in charge from discharging a patient at any time when, in the opinion of the superintendent or professional person in charge, the patient's condition is no longer appropriate for treatment at the hospital or facility.

(3) Upon discharge of the voluntary patient the hospital or facility shall:

(a) Seek the patient's permission for release of a clinical summary concerning the patient's condition to the physician, psychiatrist or therapist of his or her choice, or to the local treatment facility or community mental health program. However, information may be shared with others involved in providing services consistent with RCW 71.05.390.

(b) Advise the patient of his or her competency pursuant to WAC 275-55-221. [Statutory Authority: RCW 71.05.560, 82-07-024 (Order 1775), § 275-55-110, filed 3/11/82; Order 1122, § 275-55-110, filed 6/2/76; Order 955, § 275-55-110, filed 7/26/74; Order 900, § 275-55-110, filed 1/25/74.]

**WAC 275-55-120 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-121 Involuntary detention and commitment--Minor.** No minor shall be involuntarily committed for treatment of a mental disorder or involuntarily detained for evaluation as to the existence of a mental disorder except according to the following requirements:

(1) The facility accepting the involuntary minor patient must:

(a) Be certified pursuant to WAC 275-55-331; or

(b) Be part of or operated by the department or any federal agency and be designated to provide services to minors by the department.

(2) The involuntary commitment is pursuant to a juvenile court order and shall be in accordance with RCW 72.23.070. [Statutory Authority: RCW 71.05.560, 82-07-024 (Order 1775), § 275-55-121, filed 3/11/82.]

**WAC 275-55-130 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-131 Nonadmission of involuntarily detained person--Transportation.** (1) Admission shall not be denied to a person under initial detention except pursuant to the circumstances specified in WAC 275-55-263(2)(a).

(2) If the person is not admitted by a facility, transportation or arrangements for custody shall be made in accordance with RCW 71.05.190. [Statutory Authority: RCW 71.05.560, 82-07-024 (Order 1775), § 275-55-131, filed 3/11/82.]

**WAC 275-55-140 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-141 Protection of patient's property--Involuntary patient.** (1) Articles brought to the facility shall be inventoried and articles not kept by the patient shall be housed by the facility giving due regard to reasonable precautions necessary to safeguard such property.

(2) The peace officer or mental health professional escorting the patient to the facility shall take reasonable precautions to safeguard the property of the patient in the immediate vicinity of the point of apprehension.

(3) Reasonable precautions shall be taken to safeguard belongings not in the immediate vicinity of the patient by the escorting officer or mental health professional, and/or facility when notice of possible danger thereto is received. Further, reasonable precautions shall be taken to lock and otherwise secure the domicile of the patient as soon as possible after the patient's initial detention. (Reference RCW 71.05.220) [Statutory Authority: RCW 71.05.560, 82-07-024 (Order 1775), § 275-55-141, filed 3/11/82.]

**WAC 275-55-150 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-151 Evaluation and examination--Involuntary patient.** Persons doing the initial detention evaluation and treatment pursuant to RCW 71.05.210 shall not include the county-designated mental health professional responsible for the detention, unless no other mental health professional is reasonably available and specific exemption has been granted by the director. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-151, filed 3/11/82.]

**WAC 275-55-160 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-161 Treatment prior to hearings--Involuntary patient.** Any involuntary patient may refuse all but emergency lifesaving treatment beginning twenty-four hours prior to any hearing. On admission to the facility such patient shall be informed of his or her right to refuse all treatment except lifesaving treatment during such twenty-four hour period and shall again be so informed within one hour prior to the twenty-four hour period before court hearing. The patient shall be asked if he or she wishes to decline treatment during such twenty-four hour period, and the answer shall be in writing and signed where possible. Compliance with this procedure shall be documented in the patient's clinical record. This section does not preclude use of physical restraints and/or seclusion to protect against injury to the patient or others. (Reference RCW 71.05.200) [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-161, filed 3/11/82.]

**WAC 275-55-170 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-171 Early release or discharge of involuntary patient--Release of clinical summary--Notification of court.** (1) Nothing in these rules and regulations shall be construed so as to prohibit the superintendent or professional person in charge from granting an early release to and/or discharging an involuntary patient at any time when, in the opinion of the superintendent or professional person in charge, the involuntary patient:

(a) May be granted an early release on the grounds such patient:

(i) No longer presents a likelihood of serious harm to others, and is no longer gravely disabled; or

(ii) Is an appropriate candidate for and will accept voluntary treatment elsewhere upon referral; or

(iii) Is an appropriate candidate for and will accept voluntary treatment at the hospital or facility where the person is currently a patient.

(b) May be concurrently discharged, if granted an early release, on the grounds his or her condition is no longer appropriate for treatment at the hospital or facility.

(c) May not qualify for early release, but on the grounds his or her condition is no longer appropriate for treatment at the hospital or facility may be transferred

or discharged under the provisions for conditional release as specified in WAC 275-55-181.

(2) Upon transfer or discharge of the involuntary patient not granted an early release, the hospital or facility shall notify the patient a clinical summary will be forwarded without his or her consent to the receiving facility or component for the purposes of effecting a conditional release, and such disclosure shall remain confidential.

(3) Upon early release, discharge or transfer, the patient shall be advised of his or her competency pursuant to WAC 275-55-221.

(4) Whenever an involuntary patient is granted an early release, the court ordering the original commitment shall be notified in writing of the date of release and release plans. The county-designated mental health professional shall be sent a copy of such written court notification. (Reference RCW 71.05.330) [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-171, filed 3/11/82.]

**WAC 275-55-180 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-181 Conditional release--Involuntary patient.** (1) At any time during the period of commitment, the superintendent or professional person in charge may determine the involuntary patient receiving inpatient services can be more appropriately served by outpatient treatment, such treatment may be required in accordance with RCW 71.05.340.

(2) Ongoing determination for conditional release shall be based on periodic personal contacts with the patient by the facility designated to provide outpatient treatment, (see WAC 275-55-271(2)), and will be documented in the patient's clinical record. Such contacts shall occur at the following intervals during the period of conditional release:

(a) Fourteen-day period - At least once weekly.

(b) Ninety-day period - At least once each month.

(c) One hundred and eighty-day period - At least once each month.

(3) Any patient conditionally released pursuant to RCW 71.05.340 and this section shall be notified orally and in writing of the terms and conditions of the release and shall be notified in writing of any subsequent modifications of such terms and conditions. Other notifications shall be as set forth in RCW 71.05.340. All conditions and modifications thereof shall be made a part of the patient's clinical record. Written acknowledgement from the patient shall:

(a) Be obtained for receipt of the terms and conditions of release by the superintendent or the professional person in charge of the releasing facility or component.

(b) Be obtained for any subsequent modification of the terms of conditional release by the professional person in charge of the receiving facility or component. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-181, filed 3/11/82.]

**WAC 275-55-190 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-191 Revocation of conditional release--Secretary's designee--Involuntary patient.** (1) The secretary's designee for purposes of revocation of conditional release under RCW 71.05.340 shall be:

(a) The superintendent of the state hospital or his or her specified designee where the patient was conditionally released, or

(b) The director of the division of mental health or his or her specified designee.

(2) Revocation procedures will be as otherwise specified in RCW 71.05.340, including the responsibilities of the designated county mental health professional. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-191, filed 3/11/82.]

**WAC 275-55-200 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-201 Discharge of indigent patient--Involuntary patient.** (1) No indigent patient who is an inpatient in any evaluation and treatment facility shall be discharged or conditionally released during or at the expiration of any involuntary confinement period without suitable clothing and funds of at least the minimum specified under RCW 72.02.100. If such patient has funds of less than such minimum amount, the patient shall be provided an amount necessary to reach such minimum. If the indigent patient has no funds, the total minimal amount shall be provided. Request for suitable clothing or funding therefor and funds shall be made by the person in charge of the facility to the superintendent of the nearest state hospital and the superintendent shall furnish such clothes or funds as required under RCW 71.05.350. Such request shall be made at least seventy-two hours ahead of expected release in the case of any patient under a fourteen-day or longer involuntary confinement period.

(2) In the case of an indigent patient under initial detention, the person in charge of the facility may provide suitable clothing and funds as specified in this section, from resources of the facility, and shall immediately notify the superintendent of such action. The department may then be billed by the facility.

(3) For the purposes of this rule, the superintendent may designate a staff member within the department to handle funding and clothing requests.

(4) If funding is available, the superintendent may provide in addition to the minimum funding required by RCW 72.02.100, an additional amount of up to the optional amount specified in RCW 72.02.100 to any indigent patient applying therefor if such extra funding is necessary for personal and/or living expenses of such patient.

(5) As funds are available, the secretary may provide, as an alternative to the funding specified in subsection (1) of this section, for the conditionally released patient,

a weekly payment of an amount specified in RCW 72.02.110 for a period of up to the total time of conditional release.

(6) No patient regardless of the length of involuntary confinement shall be released without transportation to his or her place of residence or other suitable place. If the patient has no suitable means of transportation and is also indigent, then the facility shall provide for transportation by the least expensive method of public transportation not to exceed a cost of one hundred dollars, or, in the alternative, the facility may provide such transportation.

(7) If the superintendent has reasonable cause to believe the patient to be released has ample funds to assume expenses of clothing, transportation, or other payments made herein, the person released shall be required to assume such expenses and the superintendent shall so advise.

(8) Where funding is available, the secretary or the superintendent may at his or her discretion provide funds or clothing pursuant to this rule and the laws of the state of Washington to voluntary patients. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-201, filed 3/11/82.]

**WAC 275-55-210 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-211 Advising patient of rights.** (1) Any person voluntarily admitted for inpatient treatment to any agency shall, upon admission, be advised in writing or orally by the agency of his or her right to immediate release and shall be further advised in writing of all rights secured to him or her pursuant to RCW 71.05.050 and to WAC 275-55-241(1) and (2).

(2) All persons involuntarily admitted to the inpatient, outpatient or emergency component of a facility shall, upon admission, be advised in writing or orally by the component of the following (Reference RCW 71.05.200 and 71.05.210):

(a) Each right the patient has as an involuntary patient (listed in WAC 275-55-241(1) and (3)). In addition, when possible, a responsible member of the immediate family, guardian, or conservator, if any, and such other person as designated by the patient shall receive notification in writing of the patient's confinement and his or her rights retained as an involuntary patient. The patient shall be informed who has been notified.

(b) Within twenty-four hours of admission, the patient will undergo a medical and psychosocial evaluation to determine whether continued detention within the facility will be necessary.

(c) If the patient is not released within seventy-two hours, excluding Saturdays, Sundays, and holidays, the patient will be entitled to a judicial hearing before a superior court to decide whether the patient's continued detention within the facility is necessary.

(3) Upon discharge and/or early release as specified in WAC 275-55-110 and 275-55-171, every patient voluntarily admitted or involuntarily committed pursuant to chapter 71.05 RCW shall be advised in writing of

the following: No person is presumed incompetent nor does any person lose any civil rights as a consequence of receiving evaluation and/or treatment services for a mental disorder, whether voluntary or involuntary, pursuant to Washington law dealing with mental illness. (Reference RCW 71.05.450) [Statutory Authority: RCW 71.05.560, 82-07-024 (Order 1775), § 275-55-211, filed 3/11/82.]

**WAC 275-55-220 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-230 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-231 Conversion to voluntary status by involuntary patient—Rights.** Patients committed by court order to involuntary treatment shall have all the rights of voluntary patients as specified in WAC 275-55-241(1) and (2). The facility may convert the patient to voluntary status when the patient has signed an application to receive voluntary treatment. [Statutory Authority: RCW 71.05.560, 82-07-024 (Order 1775), § 275-55-231, filed 3/11/82.]

**WAC 275-55-240 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-241 Rights of patient.** Any agency, facility or component providing services defined in this chapter to persons with a mental disorder shall not withhold from any patient the following rights, and a list of such rights shall be prominently posted within the department or ward where such person is housed if an inpatient or receiving services from an emergency component. Outpatient facilities or components shall prominently post a list of such rights drawn from the following as are appropriate to an outpatient facility or component, such list to be posted within the reception area. The agency, facility or component shall specifically ensure, unless an imminent danger to the individual or others would result, each patient shall have the rights listed in subsection (1)(a), (i), (k), (o), (2)(a), (b), (3)(a), (c), (d), (f), and (g) of this section.

(1) Rights of all patients:

(a) The right not to be restrained from sending written communications of the fact of the patient's detention, commitment, or admission; any such communication will be mailed to the person to whom addressed by the person in charge of the facility, or his or her designee.

(b) The right to adequate care and individualized treatment.

(c) The right to wear his or her own clothes and to keep and use his or her own personal possessions, except when deprivation of same is essential to the protection and safety of the patient or other persons.

(d) The right to keep and be allowed to spend a reasonable sum of his or her own money.

(e) The right of access to individual storage space for his or her private use.

(f) The right to have visitors at reasonable times.

(g) The right to have reasonable access to a telephone, both to make and receive confidential calls.

(h) The right to have ready access to letter writing material, including stamps, and to send and receive uncensored correspondence through the mails.

(i) The right not to consent to the performance of shock treatment or surgery, except emergency life-saving surgery, upon him or her, and not to have shock treatment or nonemergency surgery in such circumstances unless ordered by a court pursuant to a judicial hearing where the patient is present and represented by counsel, and the court appoints a psychiatrist, psychologist, or physician designated by such patient or his or her counsel to testify on behalf of the patient. (Reference RCW 71.05.210, 71.05.370, and 71.05.380)

(j) The right to dispose of property and sign contracts unless the patient has been adjudicated an incompetent in a court proceeding directed to the particular issue.

(k) The right not to have psychosurgery performed under any circumstances.

(l) The right to object to detention or request release through writ of habeas corpus.

(m) No person shall be presumed incompetent or lose any civil rights as a consequence of receiving evaluation or treatment for a mental disorder.

(n) The right of access to attorneys, courts, and other legal redress.

(o) The right to have all information and records compiled, obtained, or maintained in the course of receiving services kept confidential, pursuant to the provisions of RCW 71.05.390 through 71.05.420.

(2) Rights of all voluntary patients:

(a) The right to release, unless involuntary commitment proceedings are initiated. Specific patients' rights to release are as follows:

(i) Adult patient, no guardian – Release at request of patient.

(ii) Adult admitted by guardian – Release at request of guardian or patient.

(iii) Minor, thirteen years of age or under – Release at request of parent(s), conservator, guardian, or other person entitled to custody.

(iv) Minor, fourteen years of age or over – Release upon request of both minor and his or her parent(s), conservator, guardian or other person entitled to custody. If requested by minor only, release on next judicial day.

(b) The right to a review of condition and status at least each one hundred and eighty days. (Reference RCW 71.05.050, 72.23.070, and 71.05.380)

(3) Rights of all involuntary patients:

(a) Unless released within seventy-two hours as defined by WAC 275-55-020(21), all involuntary adult patients have a right to a judicial hearing not more than seventy-two hours, as defined, after initial detention to determine whether probable cause exists to detain such patient after seventy-two hours for a further period up to fourteen days.

(b) The right to communicate immediately with an attorney, and if indigent, the right to have an attorney



appointed to represent the patient before and at such hearing, and the right to be told the name and address of the attorney appointed.

(c) The right to remain silent.

(d) The right to be told statements the patient makes may be used in the involuntary proceedings.

(e) The right to present evidence and to cross-examine witnesses testifying against the patient at the probable cause hearing.

(f) The right to refuse medication beginning twenty-four hours prior to any court proceeding wherein the patient has the right to attend and which bears upon the continued commitment of the patient.

(g) When taken into custody by a peace officer and then placed in a facility without prior authorization by the county-designated mental health professional, the involuntary patient shall be examined by a mental health professional within three hours of the patient's arrival, and shall be released within twelve hours unless the county-designated mental health professional files a supplemental petition for initial detention and the detained person receives a copy. (Reference RCW 71.05.150(5)) [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-241, filed 3/11/82.]

**WAC 275-55-250 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-260 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-261 Requirements for certifying evaluation and treatment components.** (1) Each county or combination of counties shall develop and coordinate an evaluation and treatment program consistent with chapter 71.05 and 71.24 RCW. Such program shall include, but is not limited to components of outpatient services, emergency services, and short-term inpatient services. The county may directly provide such a program in its entirety, or may provide one or more components of such a program directly, or may through contract or written agreement with an agency or agencies, provide the remaining component(s) required, or may through contract or agreement arrange with an agency or agencies to provide such a program in its entirety. Component(s) obtained on this basis from an agency or agencies shall be subject to all applicable provisions of these rules and of chapter 71.05 RCW. The county will maintain coordination responsibility over the program.

Any contract or agreement between county and agencies, or between two or more agencies, shall be required to comply with the standards for evaluation and treatment components, WAC 275-55-263, and shall indicate the department will consider those standards in the department's site visit and certification procedure as directed by WAC 275-55-293.

(2) In addition to the responsibilities specified, the following shall be required of the county or of such individual designated by the county as administrator of the evaluation and treatment program:

(a) To identify, recommend to the department for certification, and coordinate the various facilities and components of the evaluation and treatment program.

(b) To assist the department in ensuring facilities and components are in compliance with all applicable rules and regulations set forth in chapter 71.05 RCW and this chapter.

(3) Any agency desiring certification of a component or components in order to become an evaluation and treatment facility, shall make application for such to the county-designated administrator of the evaluation and treatment program.

(4) The department is responsible for certifying each component of an agency desiring to become an evaluation and treatment facility. Upon formal request of the county-designated administrator of the evaluation and treatment program, the department shall:

(a) Inspect and evaluate the applicant agency's component or components for certification in accordance with the provisions of WAC 275-55-293.

(b) In site visits for the purposes of certification will, where possible, include the county-designated administrator of the evaluation and treatment program as part of the site visit team.

(5) The department is responsible for making periodic inspections of a certified component. Such inspections may be in addition to any conducted by the county-designated administrator of the evaluation and treatment program.

(6) All facilities shall be recognized elements of the county's mental health plan. The plan shall list the agencies for which certification is requested, the components to be provided by each, the method whereby components will be coordinated among the several agencies when more than one agency provides evaluation and treatment services, and the method whereby the services of the facility will be coordinated with other elements of the county mental health program. (Reference RCW 71.24.130) [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-261, filed 3/11/82.]

**WAC 275-55-263 Certification standards for evaluation and treatment components.** (1) The following general requirements shall apply to any agency desiring certification of a component or components in order to become an evaluation and treatment facility:

(a) The spectrum of evaluation and treatment services provided by the agency shall include at least one of the following components:

(i) Outpatient.

(ii) Emergency.

(iii) Short-term inpatient.

(b) The agency may directly provide one or more of the components specified in subsection (1)(a) of this section, or may indirectly provide one or more through contractual arrangement or agreements with other agencies. Such arrangements shall be set forth in WAC 275-55-261(1).

(c) One or more of the components specified in subsection (1)(a) of this section may be provided to persons under the age of eighteen only when the providing

agency is in compliance with the provisions of WAC 275-55-331.

(d) The agency shall maintain a written statement describing the organizational structure, objectives, and the philosophy of the therapeutic program, such statement to include contractual affiliates (if any).

(e) The agency shall document and otherwise ensure that:

(i) Care for patients is provided in a therapeutic environment.

(ii) Patient rights as described in WAC 275-55-211 and 275-55-241 are incorporated into this environment.

(iii) The use of the least restrictive treatment alternative is considered for each patient and such consideration is documented in each patient's clinical record.

(iv) Continuity of care, coordination, and integration of services is provided.

(v) Immediate transfer from the outpatient component to the inpatient or emergency component of the agency or of the evaluation and treatment program is provided for a patient when a change in the patient's condition necessitates such transfer. In the case of the involuntary patient, such transfer shall be made pursuant to RCW 71.05.340(3). Patients within any component can and will be transferred without unreasonable delay to any other component, and the patient's necessary clinical information will be made available to persons responsible for the patient's treatment within any other component. (Reference RCW 71.05.390) In the event of a referral, the original agency will maintain responsibility for follow-up of the patient until such time as the receiving agency may assume primary service responsibility.

(vi) Referral services and assistance in obtaining supportive services appropriate to treatment including, but not limited to, casework services, vocational rehabilitation, and legal services, are provided to each patient.

(f) The agency desiring certification of the agency's component or components shall make application for such certification pursuant to WAC 275-55-261(3).

(2) In addition to the requirements specified for each in WAC 275-55-271, 275-55-281, and 275-55-291, the following general requirements shall apply to all facilities:

(a) Admissions. Admission to the inpatient component shall not be denied except under the following circumstances:

(i) There is a determination the person does not present a likelihood of serious harm, or an imminent likelihood of serious harm, or the person is not gravely disabled, and does not require inpatient care. Reference RCW 71.05.190 for necessary action in this case.

(ii) The person requires specialized medical care and support services of a type not provided by the facility.

(iii) A greater degree of control is required than can be provided by the facility.

(iv) No treatment space is available and is so documented.

(v) A less restrictive alternative provided by another facility is more appropriate and available.

(vi) For situations arising pursuant to subsection (2)(a)(ii) through (iv) of this section, the county-designated mental health professional shall make arrangements for appropriate placement elsewhere.

(b) Admission evaluations. Within twenty-four hours of first admission for persons under initial detention, twenty-four hours to include Saturday, Sunday, and holidays, evaluations shall be conducted to determine the nature of the disorder, the treatment necessary, and whether or not detention is required. Such evaluations shall include at least a:

(i) Medical evaluation by a licensed physician.

(ii) Psychosocial evaluation by a mental health professional.

(c) Treatment plan and clinical record. All components shall:

(i) Maintain, for each patient, a plan of treatment, and a plan for discharge including a plan for follow-up where appropriate. Such treatment and discharge plans shall be entered in the patient's clinical record and shall be revised periodically as appropriate.

(ii) Maintain, for each patient, a clinical record containing sufficient information to justify the diagnosis, delineate the individual treatment plan, and document the course of treatment. The responsibility of the agency is to safeguard the record against loss, defacement, tampering or use by unauthorized persons.

(d) Treatment. All components shall:

(i) Have immediately available at all times, as needed, professional personnel including, but not limited to, a licensed physician and a mental health professional skilled in crisis intervention.

(ii) Ensure each patient has access to necessary medical treatment and support services, and access to emergency life-sustaining treatment and medication.

(iii) Have psychiatric consultation available to other physicians or mental health professionals when treatment is not provided by or under the supervision of a psychiatrist.

(e) Use of restraints and seclusion. The use of medication, physical restraints, or locked seclusion rooms in response to assaultive, self-destructive or unruly patient behavior shall occur only to the extent necessary to ensure the safety of patients and staff, and subject to the following conditions:

(i) In the event of an emergency use of restraints or seclusion, a licensed physician must be immediately notified and shall authorize the restraints or seclusion.

(ii) No patient may be restrained or secluded for a period in excess of four hours without having been examined by a mental health professional. Such patient must be directly observed every thirty minutes, and the observation recorded in the patient's clinical record.

(iii) If restraint or seclusion exceeds twenty-four hours, patient shall be examined by a licensed physician. The facts determined by his or her examination and any resultant decision to continue restraint or seclusion over twenty-four hours shall be recorded in the patient's clinical record over the signature of the authorizing physician. This procedure must be repeated for each

subsequent twenty-four hour period of restraint or seclusion.

(f) Periodic evaluation. Each involuntary patient shall be evaluated periodically for release from commitment, and such evaluation will be documented in each involuntary patient's clinical record.

(g) Training. All components shall develop an inservice training plan, and provide regular training to all personnel having responsibility for any aspect of patient care. Documentation of the type and amount of training received by staff members shall be maintained. Such training shall include information about:

(i) The availability and utilization of less restrictive alternatives.

(ii) Approved methods of patient care.

(iii) Managing assaultive and/or self-destructive behavior.

(iv) Related services, including, but not limited to, transportation, law enforcement, courts, prosecutors, caseworkers, family support systems, advocacy, pharmacotherapy, and hospitals.

(v) The provisions and requirements of this chapter and chapter 71.05 RCW, and standards and guidelines promulgated by the department.

(vi) Other appropriate subject matter.

(h) Administration. All components shall:

(i) Maintain and prominently post written procedures for managing assaultive and/or self-destructive patient behavior.

(ii) Maintain adequate fiscal accounting records.

(iii) Prepare and submit such reports as are required by the secretary.

(iv) Maintain a procedure for collection of fees and third-party payments. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-263, filed 3/11/82.]

**WAC 275-55-270 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-271 Outpatient component.** (1) The outpatient component is defined as a setting where an array of treatment services is provided on a regular basis to patients not in residence in the component. These services are intended to stabilize, sustain, and facilitate recovery of the individual within his or her environment, and may include such services as day treatment or services provided directly by a licensed physician, or by an agency certified as a component of the program.

(2) In addition to the general requirements stated in WAC 275-55-263(2), the following requirements shall apply to all outpatient components:

(a) Outpatient services shall be available at least eight hours per day, five days per week.

(b) Such component shall provide a therapeutic program including, but not limited to, generally accepted treatment modalities such as:

(i) Individual.

(ii) Group.

(iii) Family/marital.

(iv) Pharmacotherapy.

(c) Such component shall provide treatment to each patient under the supervision of a mental health professional.

(d) Each patient must be seen at least weekly by assigned staff during the period of involuntary treatment. A mental health professional must review each outpatient case at least weekly to ensure updating of the treatment plan and such review must be recorded in the patient's clinical record. The frequency of patient contact and case review may be modified if in the opinion of a mental health professional such is warranted and the reasons for so doing are recorded in the patient's clinical record.

(e) Such component must have access to consultation by a psychiatrist or a physician with at least one year's experience in the direct treatment of mentally ill or emotionally disturbed persons, such access to be a minimum of one hour per week for each forty hours of direct client services provided by nonmedical staff.

(f) Such component shall include medical consultation with the involuntary patient to assess and prescribe psychotropic medication to meet the needs of the patient. Such consultation shall occur at least weekly during the fourteen-day period, and monthly during the ninety-day period and the one hundred and eighty-day period of involuntary treatment unless determined otherwise by the attending physician and the reasons for so doing are recorded in the patient's clinical record.

(g) Whenever possible, medication should be made available to the patient at a reduced rate through a state medication purchase contract, or through the state hospital pharmacy. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-271, filed 3/11/82.]

**WAC 275-55-280 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-281 Emergency component.** (1) The emergency component is defined as a hospital emergency room or equivalent setting where immediate therapeutic intervention occurs. The term "emergency" refers to a set of circumstances (physiological, psychological, and/or social) posing an imminent threat to the safety and/or well-being of the patient or others.

(2) In addition to the general requirements stated in WAC 275-55-263(2), the following requirements shall apply to all emergency components:

(a) Such component shall have the ability to respond immediately to individual crisis situations, and to admit patients on a twenty-four hour per day, seven days per week basis, or to arrange for such admission to an inpatient component.

(b) Such component shall have the capability to detain persons dangerous to self, others, or gravely disabled, and shall provide or have access to at least one seclusion room meeting the requirements of WAC 248-18-530(5)(a) now or as hereafter amended.

(c) Such component shall have immediate access to life support systems and personnel. A mental health professional and/or licensed physician shall be available for consultation and communication with the patient and

the component staff on a twenty-four hour per day, seven days per week basis. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-281, filed 3/11/82.]

**WAC 275-55-282 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-284 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-286 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-288 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-290 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-55-291 Short-term inpatient component.**

(1) The inpatient component is a hospital or residential setting where an array of treatment services is provided on a twenty-four hour per day basis for patients on seventy-two hour detentions or fourteen-day commitments.

(2) In addition to the general requirements stated in WAC 275-55-263(2), the following requirements shall apply to all inpatient components:

(a) The inpatient component shall meet the structural standards required for state licensing as a psychiatric hospital, general medical hospital, community mental health center including an inpatient program, skilled nursing facility, intermediate care facility, or boarding home.

(b) Such component shall have the capability to admit the patient on a twenty-four hour per day, seven days per week basis.

(c) Such component shall have the capability to detain persons dangerous to self, others, or gravely disabled, and shall have access to at least one seclusion room meeting the requirements of WAC 248-18-530(5)(a) now or as hereafter amended.

(d) Such component shall provide a therapeutic program including, but not limited to, generally accepted treatment modalities such as:

- (i) Individual.
- (ii) Group.
- (iii) Family/marital.
- (iv) Pharmacotherapy.
- (v) Therapeutic community.

(e) Such component shall provide treatment to each patient under the supervision of the professional person in charge.

(f) A mental health professional must have contact with each involuntary patient daily for the purpose of observation, evaluation, and the provision of continuity of treatment.

(g) Such component shall have access to a mental health professional and a licensed physician for consultation and communication with the patient and the component staff on a twenty-four hour per day, seven days per week basis.

(h) Such component shall periodically evaluate each involuntary patient for conditional release, and such evaluation shall be documented in each involuntary patient's clinical record.

(3) The director may exempt a nonhospital residential facility providing inpatient involuntary treatment from any of the requirements of this section, inappropriate to that type of facility, as well as from selected requirements in WAC 275-55-263(2). [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-291, filed 3/11/82.]

**WAC 275-55-293 Certification procedure—Waivers—Provisional certification—Renewal of certification.**

(1) In order to certify an agency's component or components, the department shall:

(a) Receive a formal request from the county-designated administrator of the evaluation and treatment program; and

(b) Conduct a site visit of the component or components including an inspection and examination of any records, procedures, materials, areas, programs, staff, and patients necessary to determine compliance with WAC 275-55-263, and the appropriate sections of WAC 275-55-271 through 275-55-291.

(2) The department shall issue full certification to a component only if the component is in full compliance with the applicable sections of this chapter.

(3) Variances from full compliance may be granted by the department in the form of a waiver, pursuant to the provisions of WAC 275-55-371.

(4) Provisional certification may be granted by the director to a component or components are in substantial compliance with the applicable sections of this chapter. Such provisional certification shall specify the number and type of deficiencies temporarily allowed and the length of provisional status.

(5) Renewal of certification is required at least every other year, and shall require a complete site visit of the affected component or components as specified in subsection (1)(b) of this section. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-293, filed 3/11/82.]

**WAC 275-55-295 Decertification.** The department may decertify any component in accordance with the provisions of RCW 71.05.540(4) and (5), guidelines promulgated and procedures for investigation of complaints set forth by the director. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-295, filed 3/11/82.]

**WAC 275-55-297 Appeal procedure.** (1) Any agency whose component or components have been denied certification, or have been decertified by the department may appeal such a decision. (Reference WAC 275-55-371)

(2) Such appeal shall:

- (a) Be made in writing to the secretary;
- (b) Specify the date of the decision being appealed;
- (c) Specify clearly the issue to be reviewed;

(d) Be signed by, and include the address of the agency;

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

(3) An administrative review and redetermination shall be provided by the department within thirty days of the submission of the appeal, with written confirmation of the findings and the reasons for the findings to be forwarded to the affected agency as soon as possible. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-297, filed 3/11/82.]

**WAC 275-55-301 Alternatives to inpatient treatment.** In considering all petitions for involuntary commitments to inpatient treatment as to whether the patient's presenting problem is appropriate for care and treatment, the professional person in charge of the inpatient component shall explore less restrictive alternatives, including possible outpatient treatment, and shall consider possible better, or equal treatment elsewhere, preferably within the patient's home community. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-301, filed 3/11/82.]

**WAC 275-55-331 Requirements for evaluation and treatment facilities serving minors.** (1) The requirements for certification of components of evaluation and treatment facilities admitting minors shall be as specified in WAC 275-55-263 and in other applicable sections of this chapter, and shall include, but are not limited to, the following:

(a) The admission evaluation specified in WAC 275-55-263(2)(b) shall include assessment of factors possibly contributing to the emotional dysfunctioning of the minor, such as family dynamics, environmental influences, or interactions with other significant persons.

(b) Family therapy shall be available, and shall be provided as needed.

(c) Treatment plans for minors shall include attention to the educational, developmental, legal, and other social service needs of minors, as appropriate.

(2) In general, adults and minors shall be provided services separate from one another, wherever possible. Joint use by adults and minors of a facility's services is permitted only if the minor's clinical record contains documentation that:

(a) The anticipated effects of such joint use on the minor have been considered by the professional staff, and

(b) A professional judgment has been made that such joint use will not be deleterious to the minor.

(3) No minor shall be placed on an adult inpatient unit unless documented no other alternative is available, or an emergency exists, and documentation has been made pursuant to subsection (2) of this section.

(4) Evaluation and treatment services provided to minors shall be provided by:

(a) A child mental health specialist (as defined by WAC 275-25-710(3)), or

(b) A mental health specialist (as defined by WAC 275-25-710(1)) directly supervised by a child mental health specialist, or

(c) A mental health specialist receiving at least one hour per week of clinical consultation from a child mental health specialist for each involuntarily detained minor provided direct client services during the week. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-331, filed 3/11/82.]

**WAC 275-55-341 Use of restraints and seclusion by agency not certified as an evaluation and treatment facility.** An agency not certified as an evaluation and treatment facility pursuant to WAC 275-55-263, or not covered by other appropriate statutes or regulations, may use restraints and seclusion only as specified in WAC 275-55-263(2)(e). [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-341, filed 3/11/82.]

**WAC 275-55-351 Research.** All research concerning mentally ill persons, whose cost of care is paid for by the department and who are voluntarily admitted or involuntarily committed under this chapter or involving disclosure of personal records shall be undertaken in accordance with department rules on the protection of human research subjects as specified in chapter 388-10 WAC. Furthermore, any person involved in evaluation or research concerning persons under this chapter shall be required to sign a statement as provided for in RCW 71.05.390. Such statement will be filed with the director. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-351, filed 3/11/82.]

**WAC 275-55-361 Involuntary evaluation and treatment costs--Responsibility of involuntary patient.** (1) Any person, or his or her estate, or his or her spouse, or the parents of a minor becoming an involuntary patient pursuant to chapter 71.05 RCW shall be responsible for the cost of such evaluation and treatment. (Reference RCW 71.05.100) Payment of such costs by the involuntary patient, or on behalf of the involuntary patient by third-party payors, or other legally responsible persons or entities shall be made to:

(a) The state in instances where evaluation and treatment is provided in a facility maintained and operated by the department, pursuant to RCW 71.02.411.

(b) The local agency in instances where evaluation and treatment is provided by the agency and the agency is not a facility maintained and operated by the department.

(2) In instances where inability to pay or substantial hardship is determined for an involuntary patient pursuant to WAC 275-55-363(4), any unpaid costs for evaluation and treatment provided to such involuntary patient by a nondepartment agency shall be borne by the department, subject to the provisions of WAC 275-55-363, and 275-55-365. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-361, filed 3/11/82.]

**WAC 275-55-363 Involuntary evaluation and treatment costs—Collection by agency.** (1) Definitions. For the purposes of this section:

(a) "Involuntary patient" is as defined by WAC 275-55-020(18).

(b) "Title XIX" means Title XIX of the Social Security Act.

(c) "CSO" means community services office of the department.

(2) Collection of costs for evaluation and treatment provided an involuntary patient by an agency not operated and maintained by the department shall be the responsibility of the agency. Such agency shall make reasonable efforts to make such collection pursuant to the agency's own regulations and policies. Such effort shall also include, but is not limited to, billing all appropriate resources of the involuntary patient and the patient's family, third-party payors, and other legally responsible persons and entities.

(3) Any involuntary patient not having private insurance to cover his or her costs, not already eligible for Title XIX or other state or federal assistance for his or her costs, or not otherwise paying for his or her evaluation and treatment costs, shall be referred by the agency providing the inpatient component to a local CSO for determination of eligibility for Title XIX benefits. If such patient is determined so eligible by the CSO, the agency shall bill according to the instructions set forth by the department.

(4) In the case of any involuntary patient not eligible for Title XIX benefits the agency providing the inpatient component shall determine the amount, if any, the patient should participate in the treatment costs. Such participation shall be in accordance with department instructions as set forth in the applicable mental health division issuance. Physicians, community mental health centers and other agencies not providing inpatient care are not required to make this patient participation calculation.

(5) The agency may bill the department for the balance of costs not collectable by actions taken in accordance with subsections (2), (3), and (4) of this section and not recoverable by any other means or from any other sources. Such billing shall be subject to the following:

(a) Reimbursement is sought through the appropriate county as defined by WAC 275-55-365(1). All bills shall be verified by the county or the county's designee before forwarded by the county to the department for payment.

(b) Certification is made by the agency that every reasonable effort has been made to collect payment from all appropriate resources of the involuntary patient and the patient's family, third-party payors, and other legally responsible persons and entities prior to submitting a claim through the county. This would include, where appropriate, referral to a CSO for medicaid eligibility determination.

(c) Any collections made prior to such billing shall be shown and deducted from such billing. Any collections

made subsequent to such billings shall be submitted to the department.

(6) In the event an involuntary patient is determined by the agency or by the local CSO (in instances where such patient had been referred for eligibility determination) to be fully capable of paying for his or her evaluation and treatment services, and such patient refuses to do so, the agency shall have primary responsibility for collection of costs and shall not expect the department to reimburse the agency for any uncollected balance, except as stated in the applicable mental health division issuance.

(7) The agency shall maintain appropriate records and other supporting material necessary to document billings and collection of costs for evaluation and treatment provided any involuntary patient, and shall permit authorized representatives of the county and/or the department to make such review of the records of the agency as may be deemed necessary to satisfy audit purposes. Such review shall be restricted to records for involuntary patients only. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-363, filed 3/11/82.]

**WAC 275-55-365 Involuntary evaluation and treatment costs—Responsibility of county.** (1) All requests for reimbursement shall be made through the county of detention which shall review and approve requests pursuant to the following:

(a) The person being billed for was in fact an involuntary patient for the period of evaluation and treatment specified.

(b) The date of initial detention is indicated.

(c) Date of the seventy-two hour (probable cause) hearing is indicated.

(d) Date of conversion to voluntary patient status is shown (if appropriate).

(e) Date of release, transfer or discharge is shown.

(f) Days allowed by an approved extension request are shown (if appropriate).

(g) The "patient participation" calculation is shown on inpatient facility invoices, or the patient is shown to be eligible for medicaid or LCP-MI.

(h) If insurance coverage is indicated, such coverage collections have been deducted.

(2) All reimbursement payments for evaluation and treatment costs for involuntary patients shall be made directly to the service-providing agency.

(3) No payments will be made to agencies not certified pursuant to WAC 275-55-263, and not a part of a county's evaluation and treatment program pursuant to WAC 275-55-261, except in the case of licensed physicians.

(4) The counties shall maintain appropriate records and other supporting material necessary to document related administrative costs, and shall submit such reports as the department shall request and shall permit authorized representatives of the department to make such review of records as may be deemed necessary to satisfy audit purposes. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-365, filed 3/11/82.]

**WAC 275-55-367 Involuntary evaluation and treatment costs--Responsibility of department.** (1) In instances where an involuntary patient is unable to pay any or all of the costs of evaluation and treatment from all of the personal, family when legally responsible, or third-party payor resources available to him or her as required by WAC 275-55-361, or if payment would result in substantial hardship upon such patient or his or her family, the department shall be responsible for paying any uncollected balance of such costs, as set forth in the applicable mental health division issuance, except costs for which the CSO has determined the patient should continue to be liable.

(2) The department shall reimburse the counties for increased administrative costs, if any, resulting from implementation of the provisions of the 1973 Involuntary Treatment Act. Additional costs to the counties shall be reimbursed in accordance with the following rules, subject to the availability of state and federal funds.

(3) For all increased involuntary commitment administrative costs, the department shall award an amount to the counties to pay such costs pursuant to RCW 71.05-.550. "Increased costs" as used here shall mean costs exceeding the level financed by the county for calendar year 1973, resulting from implementation of the provisions of the 1973 involuntary treatment act, and subsequent amendments.

(a) Involuntary commitment administrative costs are for services not listed under the Title XIX modality schedule. Such costs include:

- (i) All travel and transportation expenses, whether for staff or involuntary patients;
- (ii) All investigative costs not otherwise recoverable as a Title XIX listed service;
- (iii) Expenses for hearings, testimony, legal services, courts, and prosecutors; and
- (iv) The percentage of total staff time of the county mental health coordinator and agency administrative staff allocated to and expended in the involuntary commitment process.

(b) State funds shall in no case be used to replace local funds from any source used to finance administrative costs for involuntary commitment procedures conducted prior to January 1, 1974.

(4) For the evaluation and treatment provided each and every involuntary patient by a qualifying agency, the department shall reimburse the agencies in the amount of the actual expenditures incurred pursuant to this chapter and applicable departmental instructions. Such reimbursement by the department shall not exceed the Title XIX rate and shall not be allowed for any costs already reimbursed by other means. Such reimbursement by the department shall cover the following involuntary evaluation and treatment statuses only:

(a) Emergency component services for individuals where a petition for initial detention is filed under RCW 71.05.160 within twelve hours of admission to that component.

(b) Initial detention period including Saturdays, Sundays, holidays and up to three judicial days.

(c) Fourteen-day period, including any involuntary outpatient treatment or less restrictive placement recommended by agency staff for the remainder of this period. Reimbursement beyond this fourteen-day period shall require approval from the department consistent with the applicable mental health division issuance.

(d) Conditional release effected pursuant to the applicable provisions of this chapter and chapter 71.05 RCW. Reimbursement shall be restricted to the initial seven-day period.

(e) Conversion to voluntary status. Reimbursement shall be restricted to inpatient or outpatient services provided during the initial seventeen-day period, regardless of the day within that period the involuntary patient converts to voluntary status.

(5) The department may withhold department reimbursement in whole or in part from any county or agency in the event of a failure to comply with the provisions of this chapter. [Statutory Authority: RCW 71.05.560, 82-07-024 (Order 1775), § 275-55-367, filed 3/11/82.]

**WAC 275-55-371 Exceptions to rules--Waivers.** Any person or agency subject to the provisions of this chapter may seek a waiver of any requirement of this chapter, as set forth in this section.

(1) The applicant shall file an application for a waiver with the director.

(2) Any application for a waiver from any person or agency shall state, in writing, the following:

- (a) The name and address of the person or agency seeking the waiver;
- (b) The specific section or subsection of this chapter sought to be waived, and the specific practice or procedure required by such section or subsection;
- (c) An explanation of why a waiver of the section or subsection is necessary;
- (d) The alternative practice or procedure the applicant proposes to follow in lieu of that required by the section or subsection;
- (e) A plan and timetable for compliance with the section or subsection for which the waiver is sought; and
- (f) Signed documentation from the local mental health coordinator indicating the proposed waiver has been reviewed and what degree of support has been extended.

(3) Upon receipt of an application for a waiver, the director shall appoint a review board comprised of three members professionally acquainted with this chapter. Membership distribution shall be as follows:

- (a) One member shall be employed by the state;
- (b) One member shall be employed by a county; and
- (c) One member shall be a practitioner in the field of voluntary or involuntary treatment, or a lay person active in one such field.

(4) The review board shall meet and consider the strength of the application, taking into account the following:

- (a) The number of practices, procedures or other requirements sought to be waived by the applicant;
- (b) The degree of noncompliance being sought;

(c) Whether a waiver would run counter to the intent of chapter 71.05 RCW;

(d) Whether a waiver would violate any law; and

(e) Whether any similar applications have been granted or denied.

(5) At the conclusion of the review, the review board shall file a majority recommendation with the director, stating:

(a) Whether a waiver should be granted;

(b) If granted, why the waiver is necessary;

(c) If granted, whether the waiver should be subject to compliance with conditions set forth by the review board; and

(d) If granted, the suggested duration of the waiver. In no case shall the duration exceed one year.

(6) The review board may accompany the recommendation with an additional recommendation the section or subsection in question be modified through the ordinary procedures for modifying WAC.

(7) Upon receipt of the review board's recommendation, the director shall grant or deny the waiver in writing, and shall so notify the applicant. This notice shall be given the applicant within thirty days of receipt of the original application by the director.

(a) If the waiver is granted, the notice shall include:

(i) The section or subsection waived;

(ii) Any conditions with which the applicant must comply;

(iii) The duration of the waiver, in no case to exceed one year from the date the waiver is granted;

(iv) The reason why the waiver is considered necessary.

(b) If the waiver is denied, the notice shall include reasons for the decision.

(8) Appeal of the denial of a waiver request may be made to the secretary, whose decision shall be final.

(9) Requirements prescribed by chapter 13.06 RCW and other legislation are not subject to waiver by the director or the secretary.

(10) A waiver granted by the director shall be attached to and become part of the county plan for that year. [Statutory Authority: RCW 71.05.560. 82-07-024 (Order 1775), § 275-55-371, filed 3/11/82.]

- 275-92-415 Repealed.
- 275-92-510 Repealed.
- 275-92-515 Repealed.
- 275-92-520 Repealed.
- 275-92-525 Repealed.
- 275-92-530 Repealed.
- 275-92-535 Repealed.
- 275-92-540 Repealed.
- 275-92-545 Repealed.
- 275-92-550 Repealed.
- 275-92-555 Repealed.
- 275-92-560 Repealed.
- 275-92-565 Repealed.

**DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER**

- 275-92-310 Definitions. [Order 1216, § 275-92-310, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65.100. Later promulgation, see Title 137 WAC.
- 275-92-315 Secretary's authority to grant or deny. [Order 1216, § 275-92-315, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65.100. Later promulgation, see WAC 137-56-020.
- 275-92-320 Reasons for which given. [Order 1216, § 275-92-320, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65-100. Later promulgation, see WAC 137-56-030.
- 275-92-325 Application—Who may apply. [Order 1216, § 275-92-325, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65.100. Later promulgation, see WAC 137-56-040.
- 275-92-330 Application—Consideration. [Order 1216, § 275-92-330, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72-65.100. Later promulgation, see WAC 137-56-050.
- 275-92-335 Application—Decision. [Order 1216, § 275-92-335, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65-100. Later promulgation, see WAC 137-56-060.
- 275-92-340 Plan—Investigation. [Order 1216, § 275-92-340, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65-100. Later promulgation, see WAC 137-56-070.
- 275-92-345 Plan—Approval or denial. [Order 1216, § 275-92-345, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72-65.100. Later promulgation, see WAC 137-56-080.
- 275-92-350 Plan—Restrictions. [Order 1216, § 275-92-350, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65.100. Later promulgation, see WAC 137-56-090.
- 275-92-355 Standard rules. [Order 1216, § 275-92-355, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65.100. Later promulgation, see WAC 137-56-100.
- 275-92-400 Supervised facility. [Order 1216, § 275-92-400, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65.100.
- 275-92-405 Provisions of supervision. [Order 1216, § 275-92-405, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65-100. Later promulgation, see WAC 137-56-120.
- 275-92-410 Limits of confinement. [Order 1216, § 275-92-410, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65-100. Later promulgation, see WAC 137-56-140.
- 275-92-415 Sponsor-escort. [Order 1216, § 275-92-415, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65.100. Later promulgation, see WAC 137-56-150.
- 275-92-510 Termination of plan. [Order 1216, § 275-92-510, filed 6/15/77.] Repealed by 82-08-055 (Order 82-

**Chapter 275-92 WAC**

**ADULT CORRECTIONAL INSTITUTIONS—  
RELEASE PROGRAMS—WORK TRAINING**

**WAC**

- 275-92-310 Repealed.
- 275-92-315 Repealed.
- 275-92-320 Repealed.
- 275-92-325 Repealed.
- 275-92-330 Repealed.
- 275-92-335 Repealed.
- 275-92-340 Repealed.
- 275-92-345 Repealed.
- 275-92-350 Repealed.
- 275-92-355 Repealed.
- 275-92-400 Repealed.
- 275-92-405 Repealed.
- 275-92-407 Supervision—Individual work release placement.
- 275-92-410 Repealed.



- 275-92-515 06), filed 4/5/82. Statutory Authority: RCW 72.65-.100. Later promulgation, see WAC 137-56-160. Service of notice of proposed termination. [Order 1216, § 275-92-515, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65.100. Later promulgation, see WAC 137-56-170.
- 275-92-520 Termination hearing—Notice. [Order 1216, § 275-92-520, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65.100. Later promulgation, see WAC 137-56-180.
- 275-92-525 Facility review committee. [Order 1216, § 275-92-525, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65.100. Later promulgation, see WAC 137-56-190.
- 275-92-530 Termination hearing—Waiver. [Order 1216, § 275-92-530, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65.100. Later promulgation, see WAC 137-56-200.
- 275-92-535 Termination hearing—Rules of evidence. [Order 1216, § 275-92-535, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65.100. Later promulgation, see WAC 137-56-210.
- 275-92-540 Termination hearing—Findings and conclusions. [Order 1216, § 275-92-540, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65.100. Later promulgation, see WAC 137-56-220.
- 275-92-545 Termination hearing—Disposition. [Order 1216, § 275-92-545, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65.100. Later promulgation, see WAC 137-56-230.
- 275-92-550 Termination hearing—Decision. [Order 1216, § 275-92-550, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65.100. Later promulgation, see WAC 137-56-240.
- 275-92-555 Termination hearing—Appeal. [Order 1216, § 275-92-555, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65.100. Later promulgation, see WAC 137-56-250.
- 275-92-560 Time limits. [Order 1216, § 275-92-560, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65.100. Later promulgation, see WAC 137-56-260.
- 275-92-565 Exceptions. [Order 1216, § 275-92-565, filed 6/15/77.] Repealed by 82-08-055 (Order 82-06), filed 4/5/82. Statutory Authority: RCW 72.65.100. Later promulgation, see WAC 137-56-270.

**WAC 275-92-310 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-315 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-320 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-325 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-330 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-335 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-340 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-345 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-350 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-355 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-400 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-405 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-407 Supervision—Individual work release placement.** In cases of individual work release placement in a home, supervision shall be provided by a responsible citizen under formal agreement with the department. Such agreement shall provide for the monitoring of the work releasee's activities under such conditions as may be specified by the department and shall be under the general supervision of a work release officer. The agreement called for in this section shall be in place of the specific conditions of WAC 275-92-405, which shall not apply to individual work release placements. [Statutory Authority: RCW 72.65.100. 81-05-001 (Order 1595), § 275-92-407, 2/5/81.]

**WAC 275-92-410 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-415 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-510 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-515 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-520 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-525 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-530 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-535 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-540 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-545 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-550 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-555 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-560 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 275-92-565 Repealed.** See Disposition Table at beginning of this chapter.

### Chapter 275-93 WAC

#### ADULT CORRECTIONAL INSTITUTIONS-- RELEASE PROGRAMS--FURLOUGH

##### WAC

275-93-005 through 275-93-140 Repealed.

##### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 275-93-005 Furlough of person confined in state correctional institution—Definitions. [Order 805, § 275-93-005, filed 5/31/73.] Repealed by 82-07-006 (Order 82-04), filed 3/4/82. Statutory Authority: RCW 72.66.080. Later promulgation, see WAC 137-60-010.
- 275-93-010 Furlough of person confined in state correctional institution—Secretary's authority to grant or deny. [Order 805, § 275-93-010, filed 5/31/73.] Repealed by 82-07-006 (Order 82-04), filed 3/4/82. Statutory Authority: RCW 72.66.080. Later promulgation, see WAC 137-60-020.
- 275-93-020 Furlough of person confined in state correctional institution—Purposes. [Order 805, § 275-93-020, filed 5/31/73.] Repealed by 82-07-006 (Order 82-04), filed 3/4/82. Statutory Authority: RCW 72.66.080. Later promulgation, see WAC 137-60-030.
- 275-93-040 Furlough of person confined in state correctional institution—Who may apply. [Statutory Authority: RCW 72.66.080. 81-03-076 (Order 1590), § 275-93-040, filed 1/21/81; Order 805, § 275-93-040, filed 5/31/73.] Repealed by 82-07-006 (Order 82-04), filed 3/4/82. Statutory Authority: RCW 72.66.080. Later promulgation, see WAC 137-60-040.
- 275-93-050 Furlough of person confined in state correctional institution—Conditions imposed. [Order 805, § 275-93-050, filed 5/31/73.] Repealed by 82-07-006 (Order 82-04), filed 3/4/82. Statutory Authority: RCW 72.66.080. Later promulgation, see WAC 137-60-050.
- 275-93-060 Furlough of person confined in state correctional institution—Duration. [Order 805, § 275-93-060, filed 5/31/73.] Repealed by 82-07-006 (Order 82-04), filed 3/4/82. Statutory Authority: RCW 72.66.080. Later promulgation, see WAC 137-60-060.
- 275-93-070 Furlough of person confined in state correctional institution—Sponsor's responsibilities. [Order 805, § 275-93-070, filed 5/31/73.] Repealed by 82-07-006 (Order 82-04), filed 3/4/82. Statutory Authority: RCW 72.66.080. Later promulgation, see WAC 137-60-070.
- 275-93-080 Furlough of person confined in state correctional institution—Criteria for evaluating application. [Order 805, § 275-93-080, filed 5/31/73.] Repealed by 82-07-006 (Order 82-04), filed 3/4/82. Statutory Authority: RCW 72.66.080. Later promulgation, see WAC 137-60-080.
- 275-93-090 Furlough of person confined in state correctional institution—Application for furlough. [Order 805, § 275-93-090, filed 5/31/73.] Repealed by 82-07-006 (Order 82-04), filed 3/4/82. Statutory Authority:

RCW 72.66.080. Later promulgation, see WAC 137-60-090.

- 275-93-100 Furlough of person confined in state correctional institution—Notifying resident of decision on application. [Order 805, § 275-93-100, filed 5/31/73.] Repealed by 82-07-006 (Order 82-04), filed 3/4/82. Statutory Authority: RCW 72.66.080. Later promulgation, see WAC 137-60-100.
- 275-93-110 Furlough of person confined in state correctional institution—Escape. [Order 878, § 275-93-110, filed 11/29/73; Order 805, § 275-93-110, filed 5/31/73.] Repealed by 82-07-006 (Order 82-04), filed 3/4/82. Statutory Authority: RCW 72.66.080. Later promulgation, see WAC 137-60-110.
- 275-93-120 Furlough of person confined in state correctional institution—Revocation or suspension. [Order 805, § 275-93-120, filed 5/31/73.] Repealed by 82-07-006 (Order 82-04), filed 3/4/82. Statutory Authority: RCW 72.66.080. Later promulgation, see WAC 137-60-120.
- 275-93-130 Furlough of person confined in state correctional institution—Law enforcement officers to be notified. [Order 805, § 275-93-130, filed 5/31/73.] Repealed by 82-07-006 (Order 82-04), filed 3/4/82. Statutory Authority: RCW 72.66.080. Later promulgation, see WAC 137-60-130.
- 275-93-140 Furlough of person confined in state correctional institution—Exceptions to rules. [Order 845, § 275-93-140, filed 8/9/73.] Repealed by 82-07-006 (Order 82-04), filed 3/4/82. Statutory Authority: RCW 72.66.080. Later promulgation, see WAC 137-60-140.

**WAC 275-93-005 through 275-93-140 Repealed.** See Disposition Table at beginning of this chapter.

### Chapter 275-102 WAC

#### ADULT PROBATION AND PAROLE-- INTERSTATE COMPACT

##### WAC

275-102-475 through 275-102-495 Repealed.

##### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 275-102-475 Definitions. [Order 1011, § 275-102-475, filed 2/28/75.] Repealed by 83-01-139 (Order 82-20), filed 12/22/82. Statutory Authority: RCW 9.95.270. Later promulgation, see WAC 137-68-010.
- 275-102-480 Detained or arrested probationer or parolee—Right to preliminary hearing. [Order 1011, § 275-102-480, filed 2/28/75.] Repealed by 83-01-139 (Order 82-20), filed 12/22/82. Statutory Authority: RCW 9.95.270. Later promulgation, see WAC 137-68-020.
- 275-102-485 Preliminary hearing—Preparation. [Order 1011, § 275-102-485, filed 2/28/75.] Repealed by 83-01-139 (Order 82-20), filed 12/22/82. Statutory Authority: RCW 9.95.270. Later promulgation, see WAC 137-68-030.
- 275-102-490 Preliminary hearing—Conduct. [Order 1011, § 275-102-490, filed 2/28/75.] Repealed by 83-01-139 (Order 82-20), filed 12/22/82. Statutory Authority: RCW 9.95.270. Later promulgation, see WAC 137-68-040.
- 275-102-495 Preliminary hearing—Disposition of decision. [Order 1011, § 275-102-495, filed 2/28/75.] Repealed by 83-01-139 (Order 82-20), filed 12/22/82. Statutory Authority: RCW 9.95.270. Later promulgation, see WAC 137-68-050.

**WAC 275-102-475 through 275-102-495 Repealed.** See Disposition Table at beginning of this chapter.

## Chapter 275-110 WAC

## IMPACT ACCOUNT--CRIMINAL JUSTICE COST REIMBURSEMENT

WAC	
275-110-020	Definitions.
275-110-040	Institutions and eligible impacted political subdivisions.
275-110-050	Maximum allowable reimbursement for law enforcement costs.
275-110-060	Maximum allowable reimbursement for prosecutorial costs.
275-110-070	Maximum allowable reimbursement for judicial costs.
275-110-080	Maximum allowable reimbursement for jail facilities.
275-110-090	Billing procedure.

**WAC 275-110-020 Definitions.** The following words and phrases shall have the following meaning when used in these regulations:

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

(2) "Political subdivisions" means counties, cities, and towns.

(3) "Institution" means any state institution operated by the department for the confinement of adult offenders committed pursuant to chapters 10.64, 10.77, and 71.06 RCW or juvenile offenders committed pursuant to chapter 13.40 RCW.

(4) "Secretary" means the secretary of social and health services and the secretary of corrections or their designees.

(5) "Incremental" means efforts or costs incurred by cities, towns, and/or counties that are not otherwise incurred and are specifically and exclusively attributable to criminal behavior of state institutional residents.

(6) "Law enforcement cost" means costs incurred to apprehend escapees or to investigate crimes committed by institutional residents within or outside state institutions defined herein.

(7) "Inmate" means any person committed to a state institution by the courts for confinement as an adult offender pursuant to chapters 10.64, 10.77, and 71.06 RCW, or as a juvenile offender pursuant to chapter 13.40 RCW. [Statutory Authority: RCW 72.72.040. 81-15-061 (Order 1682), § 275-110-020, filed 7/20/81; 80-17-004 (Order 1569), § 275-110-020, filed 11/7/80; 80-02-109 (Order 1482), § 275-110-020, filed 1/25/80.]

**WAC 275-110-040 Institutions and eligible impacted political subdivisions.** Reimbursement shall be limited to the following city, town, and county governments impacted by the offenses from inmates assigned to institutions listed in this section.

Institution	Cities/County
(1) Washington state penitentiary	Walla Walla/Walla Walla
(2) Washington state reformatory	Monroe/Snohomish
(3) McNeil Island corrections center	Steilacoom/Pierce
(4) Washington corrections center	Shelton/Mason
(5) Purdy treatment center for women	Gig Harbor/Pierce
(6) Firland correctional center	Seattle/King

Institution	Cities/County
(7) Larch corrections center	Yacolt/Clark
(8) Clearwater correctional center	Forks/Clallam
(9) Olympic corrections center	Forks/Clallam
(10) Indian Ridge treatment center	Arlington/Snohomish
(11) Pine Lodge correctional center	Medical Lake/Spokane/Spokane
(12) Cedar Creek correctional center	Littlerock/Thurston
(13) Special offender center	Monroe/Snohomish
(14) Echo Glen children center	Snoqualmie/King
(15) Green Hill school	Chehalis/Lewis
(16) Maple Lane school	Rochester/Thurston
(17) Mission Creek youth camp	Belfair/Mason
(18) Naselle youth camp	Naselle/Pacific
(19) Woodinville group home	Woodinville/Snohomish
(20) Canyon View group home	East Wenatchee/Douglas
(21) Sunrise group home	Ephrata/Grant
(22) Twin Rivers group home	Richland/Benton
(23) Oakridge group home	Tacoma/Pierce
(24) Park Creek group home	Kittitas/Kittitas
(25) Ridgeview group home	Yakima/Yakima
(26) Pioneer group home	Tacoma/Pierce
(27) Western state hospital	Steilacoom/Pierce
(28) Eastern state hospital	Medical Lake/Spokane/Spokane
(29) Child study and treatment center	Steilacoom/Pierce

(30) For any institution which is not listed above, reimbursement shall be limited to the political subdivisions in which the institution is located. Such institutions include adult work release facilities and juvenile group homes housing inmates as defined in WAC 275-110-020(7). [Statutory Authority: RCW 72.72.040. 81-15-061 (Order 1682), § 275-110-040, filed 7/20/81; 80-17-004 (Order 1569), § 275-110-040, filed 11/7/80; 80-02-109 (Order 1482), § 275-110-040, filed 1/25/80.]

**WAC 275-110-050 Maximum allowable reimbursement for law enforcement costs.** Reimbursement is limited to the specific political subdivisions listed in WAC 275-110-040. The maximum reimbursement rates are: Twelve dollars and thirty cents per hour for the period August 30, 1979, through June 30, 1980, thirteen dollars and seventeen cents per hour for the period July 1, 1980, through May 31, 1981, fourteen dollars and fifty-one cents per hour for the period June 1, 1981, through June 30, 1982, and sixteen dollars per hour for the period July 1, 1982, through June 30, 1983. These maximum allowable reimbursement rates may be exceeded only in the event that an exception is granted by the secretary as per WAC 275-110-100. [Statutory Authority: RCW 72.72.040. 81-15-061 (Order 1682), § 275-110-050, filed 7/20/81; 80-17-004 (Order 1569), § 275-110-050, filed 11/7/80; 80-02-109 (Order 1482), § 275-110-050, filed 1/25/80.]

**WAC 275-110-060 Maximum allowable reimbursement for prosecutorial costs.** Reimbursement for pretrial investigations of crimes committed inside or outside institutions, impacting the political subdivision courts as set forth in WAC 275-110-040, shall be at the established rate for law enforcement efforts set forth in WAC

275-110-050. If, after investigation, criminal charges are filed, fully documented prosecutorial and defense attorney fees may be reimbursed. Reimbursement shall not exceed the following rates for each attorney, said reimbursement to include costs for paralegals: Thirty dollars per hour for the period August 30, 1979, through May 31, 1981, thirty-six dollars per hour for the period June 1, 1981, through June 30, 1982, and thirty-nine dollars and sixty-nine cents per hour for the period July 1, 1982, through June 30, 1983. These maximum allowable reimbursement rates may be exceeded only in the event that an exception is granted by the secretary as per WAC 275-110-100. [Statutory Authority: RCW 72.72.040. 81-15-061 (Order 1682), § 275-110-060, filed 7/20/81; 80-17-004 (Order 1569), § 275-110-060, filed 11/7/80; 80-02-109 (Order 1482), § 275-110-060, filed 1/25/80.]

**WAC 275-110-070 Maximum allowable reimbursement for judicial costs.** (1) Judicial costs shall be strictly limited to cases involving inmates of institutions listed in WAC 275-110-040 and to political subdivisions listed in WAC 275-110-040 except that witness (other than expert) and jury fees are further limited as provided in subsection (3) of this section. Reimbursement is limited to judges, court reporters, transcript typing, and witness and jury fees.

(2) Reimbursement for judges hearing cases including services provided by court clerks and bailiffs shall be reimbursed at thirty dollars per hour for the period August 30, 1979, through May 31, 1981, thirty-six dollars per hour for the period June 1, 1981, through June 30, 1982, and thirty-nine dollars and sixty-nine cents per hour for the period July 1, 1982, through June 30, 1983. Court reporters shall be reimbursed at the rate of twelve dollars and fifty cents per hour for the period August 30, 1979, through May 31, 1981, fifteen dollars per hour for the period June 1, 1981, through June 30, 1982, and sixteen dollars and fifty-four cents for the period July 1, 1982, through June 30, 1983. Required typing of transcripts shall be reimbursed at two dollars and fifty cents per page for the period August 30, 1979, through May 31, 1981, three dollars per page for the period June 1, 1981, through June 30, 1982, and three dollars and thirty-one cents per page for the period July 1, 1982, through June 30, 1983. If required, expert witnesses shall be reimbursed at thirty dollars per hour for the period August 30, 1979, through May 31, 1981, fifty dollars and sixty cents per hour for the period June 1, 1981, through June 30, 1982, and fifty-five dollars and seventy cents per hour for the period July 1, 1982, through June 30, 1983.

(3) Reimbursement for witness fees (other than expert) and jury fees shall be at the rate established by the local governmental legislative authority but not in excess of twenty-five dollars per day. Reimbursement of costs of witness (other than expert) and jury fees shall be limited to those criminal cases involving offenders residing in a state adult or juvenile correctional institution.

(4) These maximum allowable reimbursement rates may be exceeded only in the event that an exception is

granted by the secretary as per WAC 275-110-100. [Statutory Authority: RCW 72.72.040. 81-15-061 (Order 1682), § 275-110-070, filed 7/20/81; 80-17-004 (Order 1569), § 275-110-070, filed 11/7/80; 80-02-109 (Order 1482), § 275-110-070, filed 1/25/80.]

**WAC 275-110-080 Maximum allowable reimbursement for jail facilities.** Jail facility cost reimbursement shall be strictly limited to incremental costs as defined in WAC 275-110-020 and to political subdivisions listed in WAC 275-110-040. Requests for reimbursement must be fully documented and must include the inmate's name and all appropriate admission and release dates. Reimbursement shall be limited to three dollars and fifty cents per inmate day for the period August 30, 1979, through May 31, 1981, four dollars and twenty-one cents per inmate day for the period June 1, 1981, through June 30, 1982, and four dollars and sixty-eight cents per inmate day for the period July 1, 1982, through June 30, 1983. Reimbursement shall not be made for costs incurred for holding persons regarding parole revocations or for holding persons involved in civil litigation. Costs of providing security when inmates require hospitalization will be reimbursed at the rate of nine dollars per hour for the period August 30, 1979, through May 31, 1981, nine dollars and ninety-one cents per hour for the period June 1, 1981, through June 30, 1982, and ten dollars and ninety-three cents per hour for the period July 1, 1982, through June 30, 1983. These maximum allowable reimbursement rates may be exceeded only in the event that an exception is granted by the secretary as per WAC 275-110-100. [Statutory Authority: RCW 72.72.040. 81-15-061 (Order 1682), § 275-110-080, filed 7/20/81; 80-17-004 (Order 1569), § 275-110-080, filed 11/7/80; 80-02-109 (Order 1482), § 275-110-080, filed 1/25/80.]

**WAC 275-110-090 Billing procedure.** Requests for reimbursement should be made on the standard Washington State Invoice Voucher, Form A19, with supporting and justifying materials attached. Such documentation may be subject to periodic audits at the discretion of the secretary, per WAC 275-110-120.

(1) All requests for reimbursement under this section shall note the name of the offender for whom costs were incurred, and the institution to which the offender was assigned.

(2) Requests for reimbursement may only be submitted by the jurisdiction's responsible fiscal officer, e.g., city manager, city supervisor, county auditor, county administrator, etc.

(3) All requests for reimbursement must be submitted to: DSHS, Office of Accounting Services, Mail Stop OB-24, Olympia, Washington 98504. Requests for reimbursement of costs incurred after July 1, 1981, related to incidents involving inmates in state adult correctional institutions should be submitted to: Department of Corrections, Division of Management and Budget, Mail Stop FN-61, Olympia, Washington 98504.

(4) If the appropriation for a biennium is fully expended prior to the end of the biennium, political subdivisions should continue to submit claims for the purpose of providing justification for requests for adequate funding levels in future biennia.

(5) The department shall include in its biennial appropriation requests proposed rates based on studies of local government costs to be conducted biennially. [Statutory Authority: RCW 72.72.040. 81-15-061 (Order 1682), § 275-110-090, filed 7/20/81; 80-17-004 (Order 1569), § 275-110-090, filed 11/7/80; 80-02-109 (Order 1482), § 275-110-090, filed 1/25/80.]

### Chapter 275-216 WAC

#### STATE INSTITUTIONS OTHER THAN ADULT CORRECTIONAL INSTITUTIONS--TRIAL VISIT TO COMMUNITY--RESIDENT NEEDING PUBLIC ASSISTANCE

WAC  
275-216-010 through 275-216-020 Repealed.

#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 275-216-010 Trial visits--Definitions. [Order 874, § 275-216-010, filed 11/16/73.] Repealed by 81-19-084 (Order 1699), filed 9/17/81. Statutory Authority: RCW 72.01.090.
- 275-216-020 Trial visits--Client needing public assistance--Institution's responsibility. [Order 874, § 275-216-020, filed 11/16/73.] Repealed by 81-19-084 (Order 1699), filed 9/17/81. Statutory Authority: RCW 72.01.090.

WAC 275-216-010 through 275-216-020 Repealed.  
See Disposition Table at beginning of this chapter.

### Title 284 WAC

#### INSURANCE COMMISSIONER

#### Chapters

- 284-12 Agents, brokers and adjusters.  
284-14 Regulations pertaining to fees and taxes.  
284-15 Surplus line insurance.  
284-17 Licensing requirements and procedures.  
284-20 Insurance policies.  
284-24 Rates.  
284-30 Trade practices.  
284-44 Health care services contractors--Agents--  
Contract formats--Standards.  
284-50 Washington disability insurance advertising  
regulations.  
284-51 Standards for coordination of benefits.  
284-55 Medicare supplemental health insurance  
regulation.  
284-58 Regulations pertaining to form filings.

### Chapter 284-12 WAC

#### AGENTS, BROKERS AND ADJUSTERS

WAC  
284-12-024 Repealed.  
284-12-025 Repealed.  
284-12-027 Repealed.  
284-12-028 Repealed.

#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 284-12-024 Waiver of unauthorized alien insurers' financial requirements. [Statutory Authority: RCW 48.02.060. 80-06-039 (Order R-80-6), § 284-12-024, filed 5/12/80.] Repealed by 81-18-038 (Order R 81-4), filed 8/28/81. Statutory Authority: RCW 48.02.060.
- 284-12-025 Brokers--Surplus line--Qualifications and examination. [Rule dated 1/20/58, filed 3/22/60.] Repealed by 81-18-038 (Order R 81-4), filed 8/28/81. Statutory Authority: RCW 48.02.060.
- 284-12-027 Form for surplus line insurer to designate person to receive legal process. [Statutory Authority: RCW 48.02.060. 79-11-079 (Order R 79-5), § 284-12-027, filed 10/22/79.] Repealed by 81-18-038 (Order R 81-4), filed 8/28/81. Statutory Authority: RCW 48.02.060.
- 284-12-028 Surplus line brokers' form to be filed; contract stamp to be used. [Statutory Authority: RCW 48.02.060. 79-11-079 (Order R 79-5), § 284-12-028, filed 10/22/79.] Repealed by 81-18-038 (Order R 81-4), filed 8/28/81. Statutory Authority: RCW 48.02.060.

WAC 284-12-024 Repealed. See Disposition Table at beginning of this chapter.

WAC 284-12-025 Repealed. See Disposition Table at beginning of this chapter.

WAC 284-12-027 Repealed. See Disposition Table at beginning of this chapter.

WAC 284-12-028 Repealed. See Disposition Table at beginning of this chapter.

### Chapter 284-14 WAC

#### REGULATIONS PERTAINING TO FEES AND TAXES

WAC  
284-14-010 Filing fee for rates and forms.  
284-14-020 Filing transmittal information.

WAC 284-14-010 Filing fee for rates and forms.  
(1) Beginning November 15, 1982, the filing fee for filing insurance rates and the filing fee for filing insurance forms shall be fifteen dollars each per filing.

(2) The following definitions shall apply for the purpose of determining the proper filing fee:

(a) A rate filing is a submission at one time from one insurer or rating organization of manuals of classification and manuals of rules and rates, or any modification thereof, and rating schedules or rating plans or a request for a rate change or deviation for one or more contract forms which may logically be grouped together.

(b) A form filing pertaining to life or disability insurance is the submission at one time from one insurer of: