

proceedings be canceled pending a response to the request.

(7) **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. No written "notice of hearing" shall be required as to any recessed hearing.

(8) **Failure to present evidence when due.** If any party is due to present certain evidence at a hearing or recessed hearing and, for any reason on its part, fails to present thereat all of such evidence, the industrial appeals judge may conclude the hearing and issue a proposed decision and order on the record, or recess or set over the proceedings to further hearing for the receipt of such evidence.

(9) **Evidence by deposition.** When a hearing is recessed or set over pursuant to WAC 263-12-115 (7) or (8), or if a party volunteers or desires to take the testimony of any witness in a proceeding by deposition, or if the admission of evidence cannot otherwise be accomplished in a reasonably timely manner, the industrial appeals judge may permit or require the perpetuation of testimony by deposition regardless of the witness' availability to testify at the hearing or at a future recessed hearing. Such ruling may only be given after the industrial appeals judge gives due consideration to: (a) The complexity of the issues raised by the appeal, (b) the desirability of having the witness' testimony presented at a hearing, (c) the costs incurred by the parties in complying with the ruling, and (d) the fairness to the parties in complying with the ruling. The industrial appeals judge may require that depositions be taken and published within prescribed time limits, with each party bearing its own costs, which time limits may be extended by the industrial appeals judge for good cause.

(10) **Offers of proof in colloquy.** When an objection to a question is sustained an offer of proof in question and answer form shall be permitted unless the question is clearly objectionable on any theory of the case. [Statutory Authority: RCW 51.52.020. 84-08-036 (Order 17), § 263-12-115, filed 3/30/84. Statutory Authority: RCW 51.41.060(4) and 51.52.020. 83-01-001 (Order 12), § 263-12-115, filed 12/2/82. Statutory Authority: RCW 51.52.020. 82-03-031 (Order 11), § 263-12-115, filed 1/18/82; Order 9, § 263-12-115, filed 8/8/75; Order 7, § 263-12-115, filed 4/4/75; Order 4, § 263-12-115, filed 6/9/72; General Order 3, Rule 7.5, filed 10/29/65; General Order 2, Rule 7.4, filed 6/12/63; General Order 1, Rule 5.10, filed 3/23/60. Formerly WAC 296-12-115.]

Title 275 WAC

DEPARTMENT OF SOCIAL AND HEALTH SERVICES (INSTITUTIONS)

Chapters

275-16	Liability for costs of care and hospitalization of the mentally ill.
275-18	Standards for certification of approval for drug treatment centers.
275-19	Alcohol and drug treatment facilities.
275-20	Costs of care of mentally deficient persons residing in state institutions.
275-27	Bureau of developmental disabilities services and home aid resources rules.
275-31	Division of developmental disabilities program option rules.
275-32	Special supervision--County juvenile probation programs.
275-33	Transfer of juvenile offender to the department of corrections.
275-34	Diversion.
275-35	Consolidated juvenile services programs.
275-37	Division of juvenile rehabilitation--Rules, practices, and procedures.
275-38	IMR program and reimbursement system.
275-53	Sale of items produced by vocational training students in correctional institutions.
275-54	Juvenile involuntary treatment.
275-55	Voluntary admission--Involuntary commitment, treatment and/or evaluation of mentally ill persons.
275-60	Workshops in institutions of the mental health division.
275-82	Adult correctional institutions--Classification of residents--Administrative segregation.
275-85	Resident of adult correctional institution escorted leave of absence.
275-88	Adult correctional institutions--Discipline.
275-91	Adult correctional institutions--Medical care--Health care.
275-92	Adult correctional institutions--Release programs--Work training.
275-110	Impact account--Criminal justice cost reimbursement.

Chapter 275-16 WAC

LIABILITY FOR COSTS OF CARE AND HOSPITALIZATION OF THE MENTALLY ILL

WAC

275-16-030 Schedule of charges.

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
(a) INPATIENT SERVICES -			
Hospital Costs Per Day	\$113.24	\$179.32	\$144.78
Physician Costs	*	8.64	*
*Physician costs will be billed on a fee for service basis			
(b) OUTPATIENT SERVICES -			
Per diem			
Outpatient	—	—	—
Day Care Per Day	—	67.78	—
Per Hour	—	11.30	—
(c) ANCILLARY SERVICES -			
Per relative value unit ¹			
Radiology	7.47	7.47	4.83
Pathology	.55	.55	.38
Medical Clinics	1.94	1.94	1.00
Electroencephalogram	—	—	1.00
Electrocardiogram	—	—	.41
Inhalation Therapy	—	—	—
Physical Therapy	2.02	2.02	1.18
Occupational Therapy	—	—	27.82
Speech Therapy	—	—	10.43
Dental	—	—	41.24
Podiatry	1.18	1.18	1.22
Optometry	—	—	1.00

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

¹/California Medical Association. *Relative Value Studies*. Fifth edition. San Francisco: 693 Sutter Publication, Inc., 1969, 135 pp.

[Statutory Authority: RCW 71.02.412. 85-17-038 (Order 2273), § 275-16-030, filed 8/15/85; 84-17-011 (Order 2131), § 275-16-030, filed 8/3/84; 83-18-029 (Order 2019), § 275-16-030, filed 8/31/83; 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.]

Chapter 275-18 WAC

STANDARDS FOR CERTIFICATION OF APPROVAL FOR DRUG TREATMENT CENTERS

WAC

275-18-010 through 275-18-200 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

275-18-010	Authority. [Statutory Authority: RCW 69.54.040. 78-08-086 (Order 1322), § 275-18-010, filed 7/28/78.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.
275-18-020	Definitions. [Statutory Authority: RCW 69.54.040. 78-08-086 (Order 1322), § 275-18-020, filed 7/28/78. Formerly chapter 275-14 WAC.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.
275-18-030	Certification of approval. [Statutory Authority: RCW 69.54.040. 78-08-086 (Order 1322), § 275-18-030, filed 7/28/78. Formerly WAC 275-14-030.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.
275-18-040	Treatment clinical requirements. [Statutory Authority: RCW 69.54.040. 78-08-086 (Order 1322), § 275-18-040, filed 7/28/78.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.
275-18-050	Treatment intake requirements. [Statutory Authority: RCW 69.54.040. 78-08-086 (Order 1322), § 275-18-050, filed 7/28/78.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.
275-18-060	Medication. [Statutory Authority: RCW 69.54.040. 78-08-086 (Order 1322), § 275-18-060, filed 7/28/78. Formerly chapter 248-136 WAC.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.
275-18-070	Client caseload. [Statutory Authority: RCW 69.54.040. 78-08-086 (Order 1322), § 275-18-070, filed 7/28/78. Formerly WAC 248-136-160.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.
275-18-080	Incarcerated clients. [Statutory Authority: RCW 69.54.040. 78-08-086 (Order 1322), § 275-18-080, filed 7/28/78. Formerly WAC 248-136-140.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.
275-18-090	Discharge and follow-up. [Statutory Authority: RCW 69.54.040. 78-08-086 (Order 1322), § 275-18-090, filed 7/28/78.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.
275-18-100	Reporting. [Statutory Authority: RCW 69.54.040. 78-08-086 (Order 1322), § 275-18-100, filed 7/28/78.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.
275-18-110	Intervention clinical requirements. [Statutory Authority: RCW 69.54.040. 78-08-086 (Order 1322), § 275-18-110, filed 7/28/78.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.
275-18-120	Clinical records. [Statutory Authority: RCW 69.54.040. 78-08-086 (Order 1322), § 275-18-120, filed 7/28/78.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.
275-18-130	Availability of records for inspection and confidentiality of clinical records. [Statutory Authority: RCW 69.54.040. 78-08-086 (Order 1322), § 275-18-130, filed 7/28/78.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.
275-18-140	Governance. [Statutory Authority: RCW 69.54.040. 78-08-086 (Order 1322), § 275-18-140, filed 7/28/78.] Repealed by 84-24-029 (Order 2171),

<p>275-18-150</p> <p>275-18-160</p> <p>275-18-170</p> <p>275-18-180</p> <p>275-18-190</p> <p>275-18-200</p>	<p>filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.</p> <p>Fiscal management. [Statutory Authority: RCW 69.54.040. 78-08-086 (Order 1322), § 275-18-150, filed 7/28/78.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.</p> <p>Program evaluation. [Statutory Authority: RCW 69.54.040. 78-08-086 (Order 1322), § 275-18-160, filed 7/28/78.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.</p> <p>Staffing. [Statutory Authority: RCW 69.54.040. 78-08-086 (Order 1322), § 275-18-170, filed 7/28/78.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.</p> <p>Availability of services. [Statutory Authority: RCW 69.54.040. 78-08-086 (Order 1322), § 275-18-180, filed 7/28/78.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.</p> <p>Required services provided by other agencies. [Statutory Authority: RCW 69.54.040. 78-08-086 (Order 1322), § 275-18-190, filed 7/28/78.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.</p> <p>Client rights. [Statutory Authority: RCW 69.54.040. 78-08-086 (Order 1322), § 275-18-200, filed 7/28/78.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.</p>	<p>275-19-260</p> <p>275-19-270</p> <p>275-19-280</p> <p>275-19-300</p> <p>275-19-310</p> <p>275-19-320</p> <p>275-19-400</p> <p>275-19-410</p> <p>275-19-430</p> <p>275-19-500</p> <p>275-19-510</p> <p>275-19-530</p> <p>275-19-550</p> <p>275-19-560</p> <p>275-19-570</p> <p>275-19-600</p> <p>275-19-610</p> <p>275-19-630</p> <p>275-19-650</p> <p>275-19-660</p> <p>275-19-700</p> <p>275-19-710</p> <p>275-19-720</p> <p>275-19-750</p> <p>275-19-770</p> <p>275-19-800</p> <p>275-19-810</p> <p>275-19-820</p> <p>275-19-830</p> <p>275-19-900</p> <p>275-19-910</p> <p>275-19-920</p>	<p>All detoxification facilities—Discharge and referral.</p> <p>Acute detoxification—Additional requirements.</p> <p>Subacute detoxification—Additional requirements.</p> <p>Intensive inpatient treatment facilities—Purpose.</p> <p>Intensive inpatient treatment facilities—Clients.</p> <p>Intensive inpatient treatment facilities—Required services.</p> <p>Long-term treatment facilities—Purpose.</p> <p>Long-term treatment facilities—Clients.</p> <p>Long-term treatment facilities—Required services.</p> <p>Recovery house facilities—Purpose.</p> <p>Recovery house facilities—Clients.</p> <p>Recovery house facilities—Required services.</p> <p>Extended care recovery house facilities—Purpose.</p> <p>Extended care recovery house facilities—Clients.</p> <p>Extended care recovery house facilities—Required services.</p> <p>Outpatient treatment facilities—Purpose.</p> <p>Outpatient treatment facilities—Required services.</p> <p>Repealed.</p> <p>Intensive outpatient facilities—Purpose.</p> <p>Intensive outpatient facilities—Required services.</p> <p>Crisis intervention facilities—Purpose.</p> <p>Crisis intervention facilities—Required services.</p> <p>Repealed.</p> <p>DWI client assessment services—Purpose.</p> <p>DWI client assessment services—Required services.</p> <p>Information school—Purpose.</p> <p>Information school—School requirements.</p> <p>Information school—Curriculum.</p> <p>Information school—Fees.</p> <p>Emergency service patrol—Purpose.</p> <p>Emergency service patrol—Clients.</p> <p>Emergency service patrol—Required services.</p>
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WAC 275-18-010 through 275-18-200 Repealed.
See Disposition Table at beginning of this chapter.

Chapter 275-19 WAC

ALCOHOL AND DRUG TREATMENT FACILITIES

WAC

<p>275-19-010</p> <p>275-19-020</p> <p>275-19-030</p> <p>275-19-040</p> <p>275-19-050</p> <p>275-19-060</p> <p>275-19-070</p> <p>275-19-075</p> <p>275-19-080</p> <p>275-19-100</p> <p>275-19-110</p> <p>275-19-130</p> <p>275-19-135</p> <p>275-19-140</p> <p>275-19-145</p> <p>275-19-150</p> <p>275-19-160</p> <p>275-19-165</p> <p>275-19-170</p> <p>275-19-180</p> <p>275-19-185</p> <p>275-19-190</p> <p>275-19-200</p> <p>275-19-210</p> <p>275-19-220</p> <p>275-19-230</p> <p>275-19-240</p> <p>275-19-250</p>	<p>Purpose.</p> <p>Facility services.</p> <p>Definitions.</p> <p>Department approval and accrediting procedures.</p> <p>Suspension, cancellation, or revocation of approval.</p> <p>Inspections.</p> <p>All facilities—Availability of services.</p> <p>All facilities—Clients' rights.</p> <p>All facilities—Facilities standards.</p> <p>All residential facilities—Room and board standards.</p> <p>All facilities—Operators.</p> <p>All facilities—Administrator.</p> <p>All facilities—Program manual.</p> <p>All facilities—Personnel.</p> <p>All facilities—Qualified counselors, instructors, and assessment officers.</p> <p>All facilities—Student practice.</p> <p>All facilities—Volunteers.</p> <p>All facilities—Outpatient and residential intake and clinical requirements.</p> <p>All facilities—Records.</p> <p>Residential and outpatient facilities—Case management.</p> <p>Assessment procedures.</p> <p>Repealed.</p> <p>All detoxification services—Purpose.</p> <p>All detoxification facilities—Clients.</p> <p>All detoxification services—General.</p> <p>All detoxification facilities—Admission screening.</p> <p>All detoxification facilities—Counseling.</p> <p>All detoxification facilities—Social and recreational activities.</p>
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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

<p>275-19-190</p> <p>275-19-630</p> <p>275-19-720</p>	<p>Treatment register—Residential facilities. [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.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.</p> <p>Alcoholism outpatient—Intensive outpatient treatment. [Statutory Authority: RCW 70.96A.040. 83-23-008 (Order 2044), § 275-19-630, filed 11/4/83.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.</p> <p>Information and referral services—Community services. [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.] Repealed by 84-24-029 (Order 2171), filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 69.54.040 and 70.96A.090.</p>
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WAC 275-19-010 Purpose. Rules and regulations relating to alcoholism, alcohol abuse, drug addiction, and drug abuse treatment facilities are hereby adopted pursuant to chapters 69.54 and 70.96A RCW. The purpose is to provide standards and procedures for departmental approval of alcoholism, alcohol abuse, drug addiction, and drug abuse treatment facilities, and to set fees to be charged by the department for inspection and accreditation of approved facilities or facilities seeking approval. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-010, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-010, filed 2/1/80.]

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

(a) Alcoholism and alcohol abuse detoxification: Provides care and treatment of persons intoxicated or incapacitated by alcohol during the period in which the person recovers from the transitory effects of acute intoxication.

(b) Drug addiction and drug abuse detoxification: Provides care and treatment of persons intoxicated or incapacitated by drugs during the period in which the person recovers from the transitory effects of acute intoxication or withdrawal.

(c) Alcoholism intensive inpatient treatment: Provides a concentrated residential program consisting of a combination of education, individual therapy, group therapy, and related activities to detoxified alcoholics.

(d) Drug addiction intensive inpatient treatment: Provides a concentrated residential program consisting of a combination of education, individual therapy, group therapy, and related activities to detoxified addicts.

(e) Alcoholism long-term treatment: Provides care and treatment on a long-term basis (ninety days or more) in a residential setting with personal care services for alcoholics with impaired self-maintenance capabilities needing personal guidance and assistance to maintain abstinence and good health.

(f) Drug addiction long-term treatment: Provides care and treatment on a long-term basis (ninety days or more) in a residential setting with personal care services for drug addicts with impaired self-maintenance capabilities needing personal guidance and assistance to maintain abstinence and good health.

(g) Alcoholism recovery house: Provides care and treatment in a residential setting with social and recreational activities for detoxified alcoholics to aid their adjustment to abstinence and aid their engagement in occupational training, gainful employment, or other types of community service.

(h) Drug addiction recovery house: Provides care and treatment in a residential setting with social and recreational activities for detoxified addicts to aid their adjustment to abstinence and aid their engagement in occupational training, gainful employment, or other types of community activities.

(i) Alcoholism extended care recovery house: Provides care and treatment in a residential setting in excess of sixty days for clients needing prolonged treatment services.

(j) Drug addiction extended care recovery house: Provides care and treatment in a residential setting in excess of sixty days for clients needing prolonged treatment services.

(k) Alcoholism and alcohol abuse outpatient treatment: Provides alcoholism and alcohol abuse treatment services according to a prescribed plan in a nonresidential setting.

(l) Drug addiction and drug abuse outpatient treatment: Provides drug addiction and drug abuse treatment

services according to a prescribed plan in a nonresidential setting.

(m) Alcoholism intensive outpatient treatment: Provides a concentrated, nonresidential program consisting of a combination of educational sessions, individual therapy, group therapy, and related activities to detoxified alcoholics and their families.

(n) Drug addiction intensive outpatient treatment: Provides a concentrated, nonresidential program consisting of a combination of educational sessions, individual therapy, group therapy, and related activities to detoxified addicts and their families.

(o) Crisis intervention facilities services: Provides services aimed at alleviating acute emotional, behavioral, and/or physical distress resulting from the individual's use of alcohol and/or drugs.

(p) DWI client assessment: A diagnostic service designed to evaluate and assess clients' involvement with alcohol and other drugs, and recommend an appropriate course of action.

(q) Alcohol information school: An educational program providing students with information regarding the use and abuse of alcohol. The goal of the school is to help students not currently presenting a significant alcohol problem to make informed decisions about the use of alcohol.

(r) Drug information school: An educational program providing students with information regarding the use and abuse of drugs. The goal of the school is to help students not currently presenting a significant drug problem to make informed decisions about the use of drugs.

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

(t) Methadone treatment: Provides methadone (or other drugs approved by the department) as a substitute for opiates, in addition to counseling and other types of psychological or social therapy.

(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 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-020, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.040. 83-23-008 (Order 2044), § 275-19-020, filed 11/4/83. 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) "Accredited" means the approval of a treatment facility pursuant to chapters 69.54 and/or 70.96A RCW and these rules and regulations to provide one or more of the treatment services listed in WAC 275-19-020.

(2) "Acute detoxification" means detoxification service provided to individuals for whom the consequences of withdrawal from alcohol or other drugs are so severe as

to merit assistance from medical and/or nursing personnel.

(3) "Administrator" means the individual appointed as the chief executive officer by the operators of a facility to act in the facility's behalf in the overall management of the treatment facility.

(4) "Alcohol abuse" means use of alcohol in amounts hazardous to individual health or safety.

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

(6) "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 a person's health is substantially impaired or endangered or his or her social and economic function is substantially disrupted.

(7) "Approved" means having met the standards of the department contained in these rules and regulations and having been accredited pursuant to chapters 69.54 and/or 70.96A RCW.

(8) "Approved treatment facility" means a treatment facility, either public or private, profit or nonprofit, approved by the department pursuant to these rules and regulations and chapters 69.54 and/or 70.96A RCW.

(9) "Authenticated" means written verification of any entry in a patient treatment record by means of a signature including minimally first initial and last name, or initials if the file includes an authentication record.

(10) "Authentication record" means a document which is part of each patient treatment record and includes identification of all individuals initialing entries in the treatment record: Full printed name, signature including minimally first initial and last name, and initials that may appear after entries in the treatment record.

(11) "Bureau" means the Washington state department of social and health services bureau of alcohol and substance abuse.

(12) "Bureau of alcohol and substance abuse" means the Washington state department of social and health services bureau of alcohol and substance abuse.

(13) "Cancel" means a termination of the department's approval of a treatment service or facility.

(14) "Chemotherapy" means the use of prescribed medication to assist in client treatment for drug or alcohol dependency.

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

(16) "Department of licensing" means the Washington state department of licensing.

(17) "Detoxification" means care and treatment of a person during the period in which the person recovers from the transitory effects of acute intoxication or withdrawal.

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

(19) "Drug abuse" means use of a drug in amounts hazardous to individual health or safety.

(20) "Drug addiction" means chronic, compulsive, or uncontrollable drug use to the extent a person cannot

stop use of the drug. Drug addiction is usually characterized by a process including progressive use, development of tolerance, and a withdrawal syndrome if use of the drug is discontinued.

(21) "Face to face" means an individual or group therapeutic contact with a client not including educational sessions.

(22) "Facilities" means rooms, areas, and equipment.

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

(24) "Intensive outpatient treatment" means a concentrated, nonresidential program consisting of a combination of education sessions, individual therapy, group therapy, and related activities provided to clients and their families.

(25) "Intoxication" means acute alcohol and/or drug poisoning or temporary impairment of a person's mental or physical functioning caused by alcohol and/or other drugs.

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

(27) "Operators" means the individual or group legally responsible for the treatment facility.

(28) "Physician" means a person duly licensed to practice medicine or osteopathic medicine in the state of Washington per chapter 18.57 or 18.71 RCW.

(29) "Probation alcohol assessment facility" means a qualified probation department for a district or municipal court within the state of Washington meeting the standards contained in these rules and regulations governing the operation of a DWI client assessment service as described in WAC 275-19-020 (1)(p).

(30) "Residential facilities" means facilities providing board and room as part of the treatment program.

(31) "Revoke" means a termination of the department's approval of a treatment facility.

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

(33) "Shall" means compliance is mandatory.

(34) "Subacute detoxification" means detoxification service provided to individuals in a supportive, homelike environment where a person can recover from the effects of intoxication. Prescription medication is not provided for the management of withdrawal discomfort.

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

(36) "Suspend" means termination of the department's approval of a treatment facility for a specified period of less than one calendar year or until specific conditions have been met and the agency has been notified of reinstatement. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), §

275-19-030, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.040. 83-23-008 (Order 2044), § 275-19-030, filed 11/4/83. 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) Treatment facilities seeking department approval and accreditation of one or more of the services listed in WAC 275-19-020 shall submit a written application to the bureau of alcohol and substance abuse on a form provided by the bureau.

(a) Such application shall provide evidence that the agency meets the requirements of these rules and regulations, chapters 69.54 and/or 70.96A RCW.

(b) The applicant shall send a copy of the application to the county coordinator in each county where services are to be provided.

(c) After processing the application, the bureau shall send written notification of approval or denial of approval to the applicant and if approved to the appropriate county coordinator.

(2) The department may grant provisional approval to treatment facilities when the bureau staff are unable to determine whether the facility, without a period of operation, will comply with chapters 69.54 and/or 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 more than once.

(3) If an approved treatment facility plans to move to a different location, open a branch office, or change ownership, the facility shall submit a written application to the bureau thirty days in advance of the change, and the bureau shall respond to the application within thirty days. Such application shall be submitted in accordance with WAC 275-19-040(1).

(4) The secretary or his or her designees may exempt a 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, health, or treatment of the clients in the particular treatment facility, or jeopardize the functioning of other service providers.

All exemptions granted shall be in writing and filed with the department and the treatment facility.

(5) The bureau shall issue a certificate of approval, valid for not more than one year, to approved treatment facilities in substantial compliance with these rules and regulations and chapters 69.54 and/or 70.96A RCW. This certificate shall be displayed in a conspicuous place in the facility.

(6) Fees shall be set and charged by the bureau of alcohol and substance abuse for inspections and certification of approved treatment facilities. Such fees shall be reasonably based upon the cost to the bureau of the inspections and maintenance of certification and shall not exceed the actual costs. Only one such fee shall be charged to a treatment facility during any twelve-month period, regardless of the number of inspections made.

[Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-040, filed 11/30/84, effective 1/1/85. 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 275-19-050 Suspension, cancellation, or revocation of approval. (1) Failure to be in substantial compliance with the requirements of chapters 69.54 and/or 70.96A RCW or these rules and regulations shall constitute grounds for the suspension or revocation of the approval in accordance with RCW 34.04.170.

(2) The department may cancel approval if a facility ceases to provide the services for which the facility has been approved.

(3) The department may cancel approval if a facility fails to pay the required certification fee within thirty days after a certificate of approval is issued.

(4) Disqualified applicants.

(a) Each and every individual named in an application for treatment facility approval shall be considered separately and jointly as applicants and, if anyone be deemed unqualified by the department in accordance with the law or these rules and regulations, the approval may be denied, suspended, or revoked.

(b) Approval may be denied, suspended, or revoked for any of the following:

(i) Obtaining or attempting to obtain approval by fraudulent means or misrepresentation;

(ii) Knowingly permitting, aiding, or abetting the commission of any illegal act on the premises of the treatment facility;

(iii) Misappropriation of the property of the patients.

(5) When the department intends to suspend, revoke, or cancel approval, the chief of the office on alcoholism and/or the chief of the office of drug abuse or their designees shall have served upon the approved treatment facility a notice of intent to suspend, revoke, or cancel their approval. Such notice shall provide for an administrative hearing and meet the requirements of RCW 34.04.090. The subsequent hearing and judicial review shall follow administrative procedures as specified in the Administrative Procedure Act, chapter 34.04 RCW and the rules and regulations promulgated thereunder. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-050, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-050, filed 2/1/80.]

WAC 275-19-060 Inspections. (1) Any approved treatment facility or any facility seeking departmental approval shall be open to departmental inspection during any time the facility is serving clients, provided such inspection does not unduly disrupt client activity. The facility, the facility's programs (except for individual 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, and such other documents as may be needed to verify the provision of services and compliance with these regulations, and chapters 69.54 and/or 70.96A RCW.

(2) The facility administrator shall ensure a notice of the inspection is posted in a conspicuous place in the facility when the bureau gives an advance notice of the inspection. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-060, filed 11/30/84, effective 1/1/85. 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 275-19-070 All facilities--Availability of services. (1) Approved treatment facilities shall provide services to clients or to their families without regard to race, color, creed, national origin, religion, sex, sexual preference, age, or handicap consistent with WAC 275-19-075 (1)(c).

(2) Services for men and women shall reflect an awareness of the special needs of each gender. All residential facilities shall provide equivalent, clearly defined, and well-supervised sleeping quarters, toilet, and bath accommodations for the male and female clients. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-070, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-070, filed 2/1/80.]

WAC 275-19-075 All facilities--Clients' rights. (1) All approved treatment facilities shall take reasonable efforts to assure each client:

(a) Be treated in a manner promoting dignity and self-respect.

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

(c) 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.

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

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

(f) Have the opportunity to review his or her own treatment records in the presence of a staff person upon request.

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

(h) 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 has the right to refuse participation in any religious practice.

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

(j) 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.

(2) A copy of these rights shall be posted in a conspicuous place in the facility. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-075, filed 11/30/84, effective 1/1/85. 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) All treatment facilities shall meet applicable state and county requirements.

(2) Room for therapeutic activities will be provided which will meet the facility's treatment goals, objectives, and program needs.

(3) There shall be private space for personal consultation.

(4) Adequate heating, ventilation, and access to emergency exits shall be provided to assure the health and safety of clients.

(5) The physical plant, premises, and equipment shall be maintained in a clean and sanitary condition, free of hazards, and in good repair. The facility shall be located in an area free from hazardous conditions and accessible to other resources necessary to carry out the program.

(6) Facilities shall comply with applicable state and local building, fire, and health codes. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-080, filed 11/30/84, effective 1/1/85. 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 275-19-100 All residential facilities--Room and board standards. (1) Residential treatment facilities shall provide room, board, and client sundries if the client is not able to provide sundries for himself or herself.

(2) Sundries shall include items reasonably needed for good grooming and personal hygiene, and clothing that is neat, clean, and seasonable. Clients may be allowed a personal and incidental expense account in lieu of providing sundries. Goods and services sold to clients by the treatment center as sundries and charged to personal and incidental expense accounts shall be charged at cost.

(3) All food services and practices shall comply with chapter 248-84 WAC governing food storage, preparation, and service.

(4) Sleeping arrangements shall provide for clean bedding and separation of sleeping areas from cooking, eating, therapy, and administrative activities. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-100, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-100, filed 2/1/80.]

WAC 275-19-110 All facilities--Operators. (1) Treatment facilities shall be operated by a profit or nonprofit corporation, a partnership, an individual proprietor, an Indian tribe, or a unit of city, county, state, or federal government.

(2) A facility providing treatment services shall have an operator or operators legally responsible for the conduct of the service or services provided. The legally responsible operator or operators shall as a minimum:

(a) Obtain all required state, county, and city licenses, permits, and approvals.

(b) Maintain a current job description for the position of administrator meeting the requirements set forth in WAC 275-19-140 (4)(b).

(c) Establish the philosophy and overall objectives for the 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 the administration and operation of the facility is in compliance with these rules and applicable federal, state, and local laws and regulations.

(3) The owners of a partnership shall have a written partnership agreement outlining all of the business elements of the partnership. The partnership agreement shall be signed and dated by each partner. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-110, filed 11/30/84, effective 1/1/85. 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 275-19-130 All facilities--Administrator. (1) There shall be an administrator directly responsible for the operation of the treatment facility.

(2) The administrator shall demonstrate 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 or her stead. The administrator's authority and responsibility shall not be delegated to a person currently a client of the facility.

(4) The administrator shall ensure staff receive managerial and clinical information necessary to facilitate the delivery of services.

(5) The administrator shall ensure a written program manual meeting the requirements of WAC 275-19-135 is developed and adhered to. This manual shall be reviewed and revised as necessary, but no less than once each year.

(6) The administrator shall file with the department within thirty days of request, data, statistics, schedules, and other information the department reasonably requires. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-130, filed 11/30/84, effective 1/1/85. 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 275-19-135 All facilities--Program manual. All treatment facilities shall have a written program manual containing at a minimum:

(1) A cover sheet noting the date of the last review and update of the manual, signed by the person or persons making the review.

(2) A copy of the organization's articles of incorporation showing the state seal if the operator is a corporation, or a copy of the partnership agreement if the operator is a partnership.

(3) A copy of the facility's bylaws, if the operator is a corporation.

(4) A current copy of all city and state business licenses required by WAC 275-19-040, 275-19-080, and 275-19-110.

(5) The facility's philosophy on alcoholism and/or drug addiction.

(6) A list of the overall objectives of the organization.

(7) An organizational chart including all positions and specifying the functions of all the positions, including volunteers, within the facility.

(8) A delegation of authority policy meeting the requirements of WAC 275-19-130(3).

(9) Written personnel policies and procedures governing the qualifications of staff, job descriptions, hours of work, personnel benefits, hiring practices, termination procedures, promotional requirements, leave days, employee evaluations, employee grievance procedures, and staff ethical standards.

(10) A written plan describing how volunteers will be utilized per WAC 275-19-160.

(11) A written description of each treatment and educational program offered by the facility. Descriptions of each program shall include:

(a) Policies and procedures sufficient to describe how the service meets the applicable requirements of WAC 275-19-100 through 275-19-930.

(b) Client admission criteria.

(c) The objectives of the program.

(d) The number of hours of service and length of treatment or educational program.

(e) The criteria for client transfer and discharge from the program.

(f) An outline of each lecture and educational session included in the program. The outline shall be sufficient in detail for another trained staff person to deliver the educational session or lecture in the absence of the regular instructor. These outlines may be kept separate from the program manual.

(12) Follow-up policies and procedures providing for contact to be attempted after discharge with each client completing treatment.

(13) A procedure for the continuing evaluation of the services provided by the facility.

(14) Written policies and procedures governing implementation of the case management and case file

maintenance requirements of WAC 275-19-170 and 275-19-180.

(15) Written policies and procedures governing the implementation of federal regulations on confidentiality of alcohol and drug abuse patient records (42 C.F.R., Part 2).

(16) A copy of the facility's client rights required in WAC 275-19-075.

(17) A copy of the facility's client grievance procedures.

(18) Written policies and procedures governing implementation of the physical and laboratory examination requirements of WAC 275-19-165(2).

(19) A copy of the facility's policies regarding the use of self-help groups (i.e., AA, NA, Alanon, and Naranon).

(20) Copies of all other policies relating to client care. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-135, filed 11/30/84, effective 1/1/85.]

WAC 275-19-140 All facilities--Personnel. (1) There shall be sufficient qualified counselors, clerical, and other support staff not currently clients to ensure the attainment of program service objectives and to properly maintain the treatment facility.

(2) Qualified counselors carrying a caseload shall not exceed one hundred hours of face-to-face client contact per full-time equivalent counselor per month. Residential treatment, excluding detoxification, shall in addition maintain a client to staff ratio not to exceed fifteen clients for each counselor.

(3) Personnel employed as counselors shall be qualified counselors or counselor trainees as described in WAC 275-19-145.

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

(a) Verification (transcripts, certificates, licenses, resumes, etc.) of 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 an orientation acquainting the person with the contents of the program manual, the disaster plan for the facility, and the confidentiality of client information.

(d) Written performance evaluations for each year of employment. 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, as specified in chapter 248-26 WAC, and a record of any accidents occurring on duty.

(f) There shall be sufficient evidence in the records of the qualified counselors, assessment officers, and information school instructors to determine whether they have received the training and education necessary to meet and maintain the qualified status. The record shall

include the date the person became a qualified counselor, assessment officer, or information school instructor.

(g) A signed and dated commitment to maintain confidentiality.

(h) Evidence employees providing client care in a detoxification center in the absence of licensed physicians or nurses have a valid and current red cross card or certificate for first-aid (or its equivalent) and annual training in cardiopulmonary resuscitation.

(5) Employees with a communicable disease in an infectious stage shall not be on duty.

(6) All approved treatment facilities shall adhere to written personnel policies covering the qualifications of staff, job descriptions, hours of work, personnel benefits, hiring practices, termination procedures, promotional requirements, leave days, employee evaluations, grievance procedures, and staff ethical standards.

(7) Approved treatment facilities shall comply with state statutory and regulatory provisions regarding non-discrimination and affirmative action in employment and client services.

(8) Employees who are or were clients of the approved treatment facility shall have personnel records separate from clinical records. No indication of current or previous client status or client activity, including urinalysis results, may be entered in the personnel record of such an employee.

(9) Work may be assigned to the 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.

(10) Exclusion from employment shall not be based on former alcohol or drug use, former mental dysfunction, or former criminal convictions except as provided in chapters 9.96A and 49.60 RCW. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-140, filed 11/30/84, effective 1/1/85. 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 275-19-145 All facilities--Qualified counselors, instructors, and assessment officers. (1) A "qualified alcoholism counselor" is a person having adequate education, experience, and knowledge regarding the nature and treatment of alcoholism, is knowledgeable about community resources providing 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 qualifications:

(i) Satisfactory completion of a minimum twenty-four quarter (sixteen semester) credits of course work in an

accredited institution of higher learning (college or university). Twelve quarter (eight semester) credits must be in specialized alcoholism courses exclusive of field experience credits. These twelve credits must include distinct courses in:

- (A) Introduction to or survey of alcoholism,
- (B) Physiological actions of alcohol and other drugs,
- (C) Alcoholism counseling.

The remaining twelve quarter (eight semester) credits may be in alcoholism, polydrug abuse, counseling, psychology, social work, human service, or social services.

(ii) Persons qualified as alcoholism counselors prior to January 1, 1984, shall have satisfactorily completed a minimum of twelve quarter credits (eight semester credits) of course work in an accredited institution of higher learning (college or university). Six quarter (four semester) credits must be in specialized alcoholism courses. The remaining six quarter (four semester) credits may be in alcoholism, counseling, psychology, sociology, or social work.

(iii) Shall have completed two thousand hours (approximately one year) of work experience supervised by a qualified alcoholism counselor in a counseling capacity in an approved alcoholism agency or facility. Work experience may include hours spent in supervised field experience under academic supervision.

(c) Shall 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 such alcoholism specific subject areas, in subject areas that will increase the counselor's knowledge and skills in counseling, and aiding the alcoholic person or family to recover, or in the management of treatment services.

(ii) For any portion of these sixty clock hours of continuing education, each college quarter credit shall be equivalent to fifteen clock hours of continuing education, each college semester credit shall be equivalent to twenty-two and one-half hours of continuing education.

(iii) In-service training does not satisfy this requirement, but short courses or workshops meeting the conditions in this section may be used.

(iv) Workshops and trainers must be approved by the bureau of alcohol and substance abuse.

(2) A "qualified drug abuse counselor" is a person capable of assessing the emotional, social, and behavioral background and status of a client, determining an appropriate treatment plan, and providing and supervising the counseling services necessary to carry out the plan. Two years of full-time equivalent experience as a drug treatment staff person under the supervision of a qualified drug abuse counselor or a masters or doctoral degree in the behavioral sciences and one year of such experience shall be sufficient to establish a person to be a qualified drug abuse counselor. A qualified drug abuse 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 a drug abuse counselor and no misuse of alcohol or other drugs while employed as a drug abuse counselor.

(b) Qualification may also be gained by demonstrating and documenting he or she:

(i) Has earned a high school diploma or has received the equivalent;

(ii) Has at least one year of full-time experience as a drug abuse treatment trainee in an approved drug abuse treatment center under the supervision of a qualified drug abuse counselor;

(iii) Has demonstrated competency as a substance abuse counselor as measured by a competency evaluation approved by the department. The competency evaluation shall consist of an assessment of his or her knowledge and skill in the areas of referral, crisis intervention, treatment planning, intake and evaluation, communications, treatment modalities and methods, confidentiality, professional integrity, and the nature of substance abuse.

(c) Qualifying experience for purposes of this subsection shall not include experience gained while a client in a drug abuse treatment facility. Part-time experience may be accumulated to meet the experience requirements.

(d) Subsequent to initial qualification, a person will remain qualified as a drug abuse counselor as long as he or she has taken at least fifty hours per year of continuing education and training in subject matter relevant to the duties and responsibilities of a qualified, drug abuse counselor exclusive of case staffing, case conferences, and supervisory meetings. A maximum of twenty-five hours of this requirement may be in training sponsored by his or her employer.

(e) The qualified drug abuse counselor shall attest to and document at least once every two years these conditions are met.

(f) A drug abuse counselor failing to remain qualified may requalify in the manner prescribed for initial qualification.

(3) Counselor trainees may be employed by an approved treatment facility, provided the following conditions are met:

(a) The trainee has no history of alcohol or other drug misuse for a period of one year immediately prior to the time of employment as a counselor trainee and no misuse of alcohol or other drugs while employed as a counselor trainee.

(b) Each trainee must be directly supervised and tutored by a qualified counselor who shall be responsible for the professional conduct of that trainee. The qualified counselor must:

(i) Observe the trainee in the various clinical activities.

(ii) Instruct the trainee in counseling techniques, attitudes, and theories.

(iii) Assign and review all intake histories, assessments, and treatment plans prepared by the trainee.

(iv) Review client files and serve as case manager for all cases assigned to trainee. A note giving the results of the review must be placed in each client file.

(v) Instruct the trainee in the preparation and maintenance of case files and client confidentiality.

(vi) Instruct the trainee on the accepted standards of professional ethics for counselors.

(c) An individualized training and education plan shall be prepared by the treatment facility administrator for each person employed as a counselor trainee. The training and education plan shall be designed to bring the trainee up to the qualified counselor status within two years of the date the person is employed as a counselor trainee.

(4) A "qualified assessment officer" is a person who:

(a) Is employed as a probation officer for a district or municipal court within the state of Washington;

(b) Meets the requirements of a qualified alcoholism counselor as defined in WAC 275-19-145(1), except the two thousand hours of supervised work may be satisfied by completing an equivalent number of hours of supervised work doing assessments within a probation department.

(5) Assessment officer trainees may be employed by an approved probation assessment facility provided the following conditions are met:

(a) The trainee has no history of alcohol or other drug misuse for a period of one year immediately prior to the time of employment as an assessment officer trainee and no misuse of alcohol or other drugs while employed as an assessment officer trainee.

(b) Each trainee must be directly supervised and tutored by a qualified assessment officer. The qualified assessment officer must:

(i) Observe the trainee in conducting assessments.

(ii) Instruct the trainee in assessment techniques, attitudes, and theories.

(iii) Assign and review all assessments prepared by the trainee.

(iv) Review all client files prepared by the trainee. A note giving the results of the review must be placed in each client file.

(c) An individualized training and education plan shall be prepared by the probation assessment facility administrator for each person employed as an assessment officer trainee. The training and education plan shall be designed to bring the trainee up to the qualified assessment officer status within two years of the date the person is employed as an assessment officer trainee.

(6) A "qualified alcohol or drug information school instructor" is a person possessing a certificate of completion of the alcohol or drug information school instructor's training course offered or authorized by the bureau of alcohol and substance abuse. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-145, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.040. 83-23-008 (Order 2044), § 275-19-145, filed 11/4/83.]

WAC 275-19-150 All facilities--Student practice.

(1) If a treatment facility provides a setting for student

practice in a formal educational or training program, there shall be a written agreement with the educational agency or institution concerned. The agreement shall define the nature and scope of student activities within the facility and ensure supervision of student activities in the interest of clients' welfare.

(2) Student interns may provide counseling services provided the requirements set forth in WAC 275-19-145 (3)(a) and (b) are met.

(3) Each student shall sign a confidentiality statement which shall be kept on file at the treatment facility. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-150, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-150, 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 counselor.

(2) Volunteers shall meet the qualifications of the position they are assigned.

(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 and date a commitment to maintain confidentiality which shall be kept on file by the agency. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-160, filed 11/30/84, effective 1/1/85. 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 275-19-165 All facilities--Outpatient and residential intake and clinical requirements. (1) Approved outpatient and residential treatment facilities except detoxification facilities shall provide the following:

(a) An intake interview, conducted by a qualified counselor or other qualified staff working under the direct supervision of a qualified counselor. The interview shall include a social history, a medical history, a history of alcohol abuse and/or drug abuse, and previous alcohol and/or drug treatment. This interview must be completed within twenty-four hours of admission.

(b) An evaluation and assessment of the client's involvement with alcohol and/or drugs supported by a list of the signs and symptoms observed. The evaluation and assessment must be completed within twenty-one days of admission or by the third visit, whichever comes earlier, in an outpatient facility and within five days of admission in a residential facility.

(c) An individual treatment plan designed to help the person understand his or her alcohol or drug problem, taking 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, the time-linked means to be used in achieving the objectives, and the anticipated length of treatment. The initial treatment plan must be prepared

within twenty-one days of admission or by the third visit, whichever comes earlier, in an outpatient facility and within five days of admission in a residential facility.

(d) A copy of the program rules governing the client will be provided to the applicant prior to signing any treatment consent forms.

(2) All facilities shall have written policies and procedures specifying the program's physical and laboratory examination requirements. The policies shall include at least the following basic requirements:

(a) Residential drug addiction or drug abuse treatment clients must have a complete physical and laboratory examination.

(b) All methadone treatment clients must have physical and laboratory examinations performed in accordance with federal regulations governing the use of methadone for treating narcotic addicts.

(c) All clients showing current intravenous drug use must have a physical examination.

(d) All clients showing current dependence of barbiturates or benzodiazepines must be examined by a physician to determine if they should be referred to a program or hospital capable of providing gradual withdrawal.

(3) Physical examinations, if required, must be completed and the report placed in the client's file no later than twenty-one days following admission. Physical examinations completed by a private physician ninety days or less prior to intake may be accepted.

(4) There shall be at least one face-to-face group or individual session for each client every month in outpatient programs, and at least one such session every week in residential programs.

(5) All approved treatment facilities shall have a documented review of each case by a qualified counselor. These reviews shall assess the adequacy of the treatment plan in light of the client's current status and progress. The reviews shall be conducted according to the following minimum schedule:

(a) Once every two weeks in recovery houses,

(b) Once each month in extended care recovery houses,

(c) Once every two weeks in long-term,

(d) Once each week in intensive inpatient,

(e) Once each month in outpatient,

(f) Once every twenty hours of client services in intensive outpatient.

(6) All treatment services using chemotherapy shall provide the following medication services:

(a) Medication evaluation by a medical practitioner at least once every ninety days except for medications prescribed by the client's own physician.

(b) A medication dispensary if the program is providing methadone treatment.

(7) Medications shall be secured and disbursed in accordance with the requirements of chapter 248-26 WAC.

(8) Clients using disulfiram must be participating in a counseling program.

(9) Upon completion of the course of treatment, except in detoxification facilities, an aftercare plan shall be developed assisting the client in maintaining treatment goals. The client shall be assisted in identifying and making contact with any agencies or services as may be necessary.

(10) When referring a client to another approved treatment facility, the following documentation shall be sent to that facility prior to the arrival of the client, or accompany the client to the facility, provided a release of confidential information has been authorized by the client:

(a) A copy of the client intake form.

(b) A record of the assessment.

(c) A record of the client's treatment history.

(d) The reason for the referral (self, family, court order).

(e) Court mandated or agency recommended follow-up treatment.

(f) A copy of the discharge summary. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-165, filed 11/30/84, effective 1/1/85.]

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

(a) Providing for maintenance of a current and complete record for each client;

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

(c) Ensuring confidentiality of patients' case records by storing and handling the records under conditions meeting all pertinent federal, state, and local regulations governing such records;

(d) Including all required state and county data; and

(e) Reflecting all financial transactions of the facility.

(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 treatment facility is closed, clinical records may be forwarded to any other approved 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 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.

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

(a) An intake form including 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 assessment of the client's involvement with alcohol and/or drugs including the signs and symptoms.

(c) An individualized treatment plan as prescribed in WAC 275-19-165 (1)(c). Doctor's standing orders shall be considered as a treatment plan in inpatient detoxification facilities.

(d) Progress notes on the client's response to treatment relating to the treatment plan and noting all significant events occurring during treatment. At least one progress note every work shift must be entered in inpatient detoxification client's file.

(e) A record of the treatment plan review required by WAC 275-19-165(5).

(f) Each entry in a client's record shall be authenticated.

(g) A copy of any program rules signed and dated by the client.

(h) A voluntary consent to treatment form, signed and dated by the client.

(i) A properly completed authorization for release of information form.

(j) A copy of the client's aftercare plan.

(k) At completion of treatment, a discharge summary including the date of discharge, and a summary of the client's progress in meeting the objectives outlined in the treatment plan. In detoxification facilities, the summary shall outline the client's physical condition relating to detoxification or withdrawal.

(l) Medical records in accordance with chapter 248-26 WAC.

(4) DWI client assessment service facilities including probation assessment facilities shall have individual case records including at a minimum:

(a) An intake form including the client's full name, sex, birthdate, and home address.

(b) The dates of contacts.

(c) A copy of the completed Washington alcohol screening inventory showing the client's score.

(d) A copy of the client's driving record obtained from the department of licensing files.

(e) A record of the client's blood alcohol level at the time of arrest or documentation the information was not available.

(f) A record of the client's alcoholism and/or drug treatment history.

(g) The name of the court referring the client for assessment, including the name of the sentencing judge.

(h) A record of the evaluation and assessment of the client's involvement with alcohol and other drugs as required by WAC 275-19-185.

(i) A properly completed authorization for the release of information form.

(j) Copies of any assessment reports sent to the department of licensing, referring court, the client's attorney, or other person or agency.

(k) Copies of all correspondence relating to the client.

(l) Each entry in a client's record shall be authenticated.

(5) Alcohol information schools or drug information schools shall have individual case records including:

(a) An intake form, including the client's full name, sex, birthdate, and home address;

(b) Dates in attendance;

(c) Source of referral;

(d) Copies of all reports, letters, certificates, and other correspondence sent to attorneys, courts, department of licensing, or any other agency;

(e) A record of any referral of the client to other services;

(f) A properly completed authorization for release of information form;

(g) A copy of the completed post-test as written in *An Instructor's Guide to Alcohol Information School*, published January 1980, as now or hereafter amended.

(h) Each entry in a client's record shall be authenticated.

(6) Emergency service patrols shall maintain a log including:

(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 inpatient detoxification facility), and

(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 and signed by the person making the entry.

(7) 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, the client's name, and the date of discharge or transfer. [Statutory Authority: RCW 69-.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-170, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.040. 83-23-008 (Order 2044), § 275-19-170, filed 11/4/83. 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 and drug addicts.

(2) Concurrent drug and alcohol use shall be explored with each client.

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

(4) Case managers shall be:

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

(b) Qualified counselors or licensed nurses in detoxification facilities. Only qualified counselors shall conduct the assessments of the client's involvement with alcohol

or drugs and provide counseling services in a detoxification facility.

(5) Case managers shall conduct the client evaluation and assessment, develop the individualized treatment plan, conduct the treatment plan reviews required by WAC 275-19-165 (1)(b) and (c) and 275-19-165(5), and develop aftercare plans and discharge summaries.

(6) Case managers shall be responsible to follow up on clients missing 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 provided an authorization for the release of confidential information is on file.

(7) There shall be a documented quarterly review of the adequacy of at least four case files of each counselor by the clinical supervisor. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-180, filed 11/30/84, effective 1/1/85. 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 275-19-185 Assessment procedures. (1) The procedures for assessing DWI client's involvement with alcohol and other drugs shall include as a minimum the following:

(a) A written test of each client, using as a minimum, the Washington alcohol screening inventory.

(b) A review of the following:

(i) When available, the client's blood alcohol level at the time of arrest for any alcohol-related offense;

(ii) A copy of the client's driving record.

(c) A diagnostic interview with each client which gathers as a minimum:

(i) A history of the client's involvement with alcohol and drugs, including frequency of use, volume, and type of substance used.

(ii) The client's statement concerning his or her current physical condition.

(iii) Sociological data describing the client's most recent living situation (e.g., family, environment, employment, and school).

(2) A written assessment, based upon the information collected per WAC 275-19-185(1), shall be completed. It shall include as a minimum the following:

(a) The client's raw score and percentile score from the Washington alcohol screening inventory.

(b) The client's own assessment of his or her involvement with alcohol or other drugs.

(c) The qualified counselor's or the qualified assessment officer's evaluation of the information required by WAC 275-19-185 (2)(a) and (b), a diagnostic statement specifically describing the client's involvement with alcohol or other drugs, and the signs and symptoms leading to that assessment.

(3) Inform the client of the results of the assessment. If the assessment concludes the person has an alcohol or drug problem requiring treatment, the person shall be advised to seek appropriate, approved alcoholism or drug

treatment. If the assessment concludes the person requires only alcohol or drug education, the person shall be advised to attend an approved alcohol or drug information school.

(4) All reports required by the courts and the department of licensing shall be properly completed and shall be submitted in a timely manner. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-185, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.040. 83-23-008 (Order 2044), § 275-19-185, filed 11/4/83.]

WAC 275-19-190 Repealed. See Disposition Table at beginning of this chapter.

WAC 275-19-200 All detoxification services-- Purpose. The purpose of WAC 275-19-200 through 275-19-299 is to provide program standards and procedures for residential facilities offering detoxification services to individuals incapacitated and/or intoxicated by alcohol and/or drugs as described in WAC 275-19-020. To be approved as a treatment facility to provide detoxification services, the facility must comply with the requirements of WAC 275-19-010 through 275-19-299 and chapters 69.54 and/or 70.96A RCW. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-200, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-200, filed 2/1/80.]

WAC 275-19-210 All detoxification facilities-- Clients. Admission of clients to a detoxification facility shall be limited to persons needing detoxification services and not manifesting signs and symptoms of a condition warranting medical treatment not provided at the facility. Detoxification facilities shall provide services to incapacitated persons unless uncontrollable because of violent behavior. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-210, filed 11/30/84, effective 1/1/85. 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 warranting treatment in a hospital and whether he or she needs detoxification;

(2) Detoxification of intoxicated persons or persons in withdrawal;

(3) Counseling of clients regarding their illness by a qualified counselor;

(4) Referral of clients to other appropriate treatment services. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-220, filed 11/30/84, effective 1/1/85. 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 facilities-- Admission screening. All clients shall be screened prior to admission by a person knowledgeable about alcoholism and/or drug addiction, 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 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-230, filed 11/30/84, effective 1/1/85. 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 275-19-240 All detoxification facilities-- Counseling. (1) There shall be on staff at least one qualified counselor and such additional qualified counselors as necessary to provide the counseling services needed by the clients. The treatment facility may meet this requirement by having in effect a written agreement with another approved treatment facility.

(2) Counseling services shall be designed to facilitate motivation of the person to accept referral into a continuum of care for alcoholism and/or drug addiction. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-240, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-240, filed 2/1/80.]

WAC 275-19-250 All detoxification facilities-- Social and recreational activities. There shall be a specific area designated for the provision of social activities for clients. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-250, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-250, filed 2/1/80.]

WAC 275-19-260 All detoxification facilities-- Discharge and referral. Clients discharged shall be referred to an approved treatment facility when appropriate and/or other health care facility when necessary. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-260, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-260, filed 2/1/80.]

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

(1) The client's physical and health care needs shall be met by practices meeting the standards set forth in chapter 248-26 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 248-26 WAC.

(2) All personnel providing client care in the absence of licensed physicians or nurses in the facility shall possess:

(a) A valid and current red cross card or certificate for first-aid; and

(b) Cardiopulmonary resuscitation or the equivalent annually. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-270, filed 11/30/84, effective 1/1/85. 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 Subacute detoxification--Additional requirements. Treatment facilities providing subacute detoxification services shall comply with the following additional requirements:

(1) Subacute detoxification facilities shall meet the requirements set forth in chapter 248-26 WAC.

(2) No more than twenty clients shall be served in any one facility or separate units within a 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 or her possession any prescription medications, the staff shall attempt to contact the prescribing physician to check on the accuracy of the prescription, its recommended usage and document the attempts in the client file.

(6) All personnel providing client care in the absence of licensed physicians or nurses in the facility shall possess:

(a) A valid and current red cross card or certificate for first-aid; and

(b) Cardiopulmonary resuscitation or the equivalent annually.

(7) All personnel except licensed physicians providing client care shall have completed a minimum of forty hours of documented training in alcoholism and/or drug addiction prior to or within six months of the date of employment.

(8) All furnishings and the general decor shall reflect a homelike 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 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-280, filed 11/30/84,

effective 1/1/85. 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 275-19-300 Intensive inpatient treatment facilities--Purpose. The purpose of WAC 275-19-300 through 275-19-399 is to provide specific program standards for facilities providing intensive inpatient treatment services as defined in WAC 275-19-020. To be approved as a treatment facility to provide intensive treatment services, the facility must comply with the applicable requirements of WAC 275-19-010 through 275-19-199, 275-19-300 through 275-19-399, chapter 248-26 WAC, and chapters 69.54 and/or 70.96A RCW. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-300, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-300, filed 2/1/80.]

WAC 275-19-310 Intensive inpatient treatment facilities--Clients. Persons needing detoxification or withdrawal shall not be admitted or retained but shall be referred or transferred to a detoxification facility unless they manifest signs and symptoms of a condition warranting acute care and treatment in a hospital. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-310, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-310, filed 2/1/80.]

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

- (1) Education of clients regarding alcohol, alcoholism, drugs, and drug addiction;
- (2) Intensive individual and group counseling;
- (3) A minimum of twenty hours of counseling services per week for each client;
- (4) Social and recreational activities;
- (5) Aftercare planning;
- (6) Discharge and referral to necessary supportive organizations and agencies; and
- (7) An invitation and encouragement to family members to participate in their own treatment program and in the treatment of the client. Family members shall be informed of the desirability of participation in family counseling, Alanon, Naranon, Alateen, and other self-help or specific group or individual resources, and be encouraged to pursue these subsequent to treatment. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-320, filed 11/30/84, effective 1/1/85. 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 275-19-400 Long-term treatment facilities--Purpose. The purpose of WAC 275-19-400 through 275-19-499 is to provide specific operational program standards for facilities providing long-term treatment services as described in WAC 275-19-020. To be approved as a treatment facility to provide long-term treatment services, the facility must comply with the applicable requirements of WAC 275-19-010 through 275-19-199, 275-19-400 through 275-19-499, chapter 248-26 WAC, and chapters 69.54 and/or 70.96A RCW. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-400, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-400, filed 2/1/80.]

WAC 275-19-410 Long-term treatment facilities--Clients. Persons needing detoxification or withdrawal shall not be admitted or retained but shall be referred or transferred to a detoxification facility unless they manifest signs and symptoms of a condition warranting acute care and treatment in a hospital. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-410, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-410, filed 2/1/80.]

WAC 275-19-430 Long-term treatment facilities--Required services. There shall be an organized program and staff sufficient to provide the following services by qualified counselors:

- (1) Education of clients regarding alcohol and alcoholism, drugs, and drug addiction;
- (2) Individual and group counseling;
- (3) Education concerning social and life-coping skills;
- (4) Social and recreational activities;
- (5) When appropriate, assistance in finding employment;
- (6) Aftercare planning; and
- (7) Discharge referral to necessary supportive organizations and agencies. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-430, filed 11/30/84, effective 1/1/85. 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 275-19-500 Recovery house facilities--Purpose. The purpose of WAC 275-19-500 through 275-19-549 is to provide specific operational program standards for facilities providing recovery house services as described in WAC 275-19-020. To be approved as a treatment facility to provide recovery house services, the facility must comply with the applicable requirements of WAC 275-19-010 through 275-19-199, 275-19-500 through 275-19-549, chapter 248-26 WAC, and chapters 69.54 and/or 70.96A RCW. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-500, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-500, filed 2/1/80.]

WAC 275-19-510 Recovery house facilities—Clients. Persons needing detoxification shall not be admitted or retained but shall be referred or transferred to a detoxification facility unless they manifest signs and symptoms of a condition warranting acute care and treatment in a hospital. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-510, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-510, filed 2/1/80.]

WAC 275-19-530 Recovery house facilities—Required services. There shall be an organized program and staff sufficient to provide the following services by qualified counselors:

(1) A minimum of four and one-half hours of counseling services per week for each client. If group counseling services are provided, not more than fifteen clients may be in a group;

(2) When appropriate, assistance in finding employment;

(3) Referral to necessary supportive organizations and agencies. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-530, filed 11/30/84, effective 1/1/85. 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 275-19-550 Extended care recovery house facilities—Purpose. The purpose of WAC 275-19-550 through 275-19-599 is to provide specific operational program standards for facilities providing extended care recovery house services as described in WAC 275-19-020. To be approved as a treatment facility to provide extended care recovery house services, the facility must comply with the applicable requirements of WAC 275-19-010 through 275-19-199, 275-19-550 through 275-19-599, chapter 248-26 WAC, and chapters 69.54 and/or 70.96A RCW. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-550, filed 11/30/84, effective 1/1/85. Statutory Authority: Chapter 70.96A RCW. 83-18-027 (Order 2017), § 275-19-550, filed 8/31/83.]

WAC 275-19-560 Extended care recovery house facilities—Clients. Persons needing detoxification shall not be admitted or retained but shall be referred or transferred to a detoxification facility unless they manifest signs and symptoms of a condition warranting acute care and treatment in a hospital. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-560, filed 11/30/84, effective 1/1/85.]

WAC 275-19-570 Extended care recovery house facilities—Required services. There shall be an organized program and staff sufficient to provide the following services:

(1) A minimum of four and one-half hours of treatment services per week by qualified counselors to include the following:

(a) Education regarding living sober and drug-free;

(b) Individual and/or group counseling conducted by qualified counselors. If group counseling services are provided, not more than fifteen clients may be in a group.

(2) When appropriate, assistance in finding employment.

(3) Referral to necessary supportive organizations and agencies.

(4) A program designed to provide treatment services to alcoholics or drug addicts meeting one of the following admissions criteria:

(a) Received detoxification services three or more times within three months prior to the referral agency's current client evaluation date. Detoxification or withdrawal services must have been received in a licensed hospital or in a state-approved detoxification facility.

(b) Received intensive inpatient treatment in a state-approved treatment facility for a period of seven days or more within six months prior to the referral agency's current client evaluation date.

(c) Received long-term, recovery house, or extended care recovery house treatment in a state-approved treatment facility for a period of seven days or more within six months prior to the referral agency's current client evaluation date.

(d) Accepted voluntary treatment in lieu of being involuntarily committed to extended care recovery house treatment. A copy of the signed, dated, and completed involuntary commitment petition having been filed with the superior court; the client's signed voluntary admission to treatment, and any other supporting information must accompany clients sent to an extended care recovery house treatment facility. These documents must be placed in the client's file at the extended care recovery house facility.

(e) Has been involuntarily committed to an extended care recovery house treatment facility per RCW 70.96A.140.

(5) The program shall be designed to provide client care and treatment for a period in excess of sixty days. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-570, filed 11/30/84, effective 1/1/85.]

WAC 275-19-600 Outpatient treatment facilities—Purpose. The purpose of WAC 275-19-600 through 275-19-649 is to provide specific program standards and objectives for approval of facilities providing outpatient treatment services as described in WAC 275-19-020. To be approved as a treatment facility to provide outpatient treatment services, the facility must comply with the applicable requirements of WAC 275-19-010 through 275-19-199, 275-19-600 through 275-19-649, and chapters 69.54 and/or 70.96A RCW. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-600, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-600, filed 2/1/80.]

WAC 275-19-610 Outpatient treatment facilities-- Required services. There shall be an organized program and staff sufficient to provide the following services by qualified counselors:

(1) Assessment of each client's needs regarding specific alcohol-related and/or drug-related problems as perceived by the client, center staff, and, if possible, involved others;

(2) Immediate evaluation for persons in a crisis;

(3) Individual and group counseling on a scheduled basis;

(4) Education on alcohol and drugs; and

(5) Discharge and referral to necessary supportive organizations and agencies. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-610, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.040. 83-23-008 (Order 2044), § 275-19-610, filed 11/4/83. 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 275-19-630 Repealed. See Disposition Table at beginning of this chapter.

WAC 275-19-650 Intensive outpatient facilities--

Purpose. The purpose of WAC 275-19-650 through 275-19-699 is to provide specific operational program standards for facilities providing intensive outpatient services as described in WAC 275-19-020. To be approved as a treatment facility to provide intensive outpatient treatment services, the facility must comply with the applicable requirements of WAC 275-19-010 through 275-19-199, 275-19-650 through 275-19-699, chapter 248-26 WAC, and chapters 69.54 and/or 70.96A RCW. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-650, filed 11/30/84, effective 1/1/85.]

WAC 275-19-660 Intensive outpatient facilities--

Required services. There shall be an organized program and staff sufficient to provide the following services by qualified counselors:

(1) Assessment of each client's needs regarding specific alcohol and/or drug-related problems as perceived by the client, facility staff, and if possible involved others.

(2) Screening criteria shall be developed and applied including such diagnostic techniques as needed to assure the appropriateness of placement in this treatment modality. The diagnosis shall, at a minimum, include an assessment of the client's:

(a) Progression in the disease of alcoholism and/or drug addiction;

(b) Motivation for recovery and the ability to attain and maintain abstinence on an outpatient basis;

(c) Social support systems, including family or significant others, financial condition, and employment status; and

(d) Physical health and general mental status.

(3) Program requirements. The following services shall be provided to clients and their families:

(a) The program shall deliver a minimum of seventy-two hours of treatment services within a maximum of twelve weeks. The first four weeks of treatment must consist of a minimum of three sessions of at least one hour each on three separate days of each week.

(b) A review of each active case by the client's case manager not less than once in every twenty hours of treatment. This review shall be noted in the client's case file.

(c) Individual counseling sessions with each client every twenty hours of treatment and additionally as needed.

(d) Education of clients regarding alcohol, alcoholism, and/or drugs and drug addiction;

(e) No more than twenty percent of treatment time shall consist of film presentations.

(f) Group therapy sessions. Sessions shall be limited in attendance to no more than twelve clients per counselor.

(g) Whenever possible, the client's family or other social support system shall be substantially involved in the treatment program.

(h) Upon completion of intensive outpatient treatment, the client shall be referred to a structured after-program.

(i) All clients and their families shall be encouraged to participate in Alcoholics Anonymous, Alanon, Alateen, Narcotics Anonymous, and Naranon as appropriate. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-660, filed 11/30/84, effective 1/1/85.]

WAC 275-19-700 Crisis intervention facilities--

Purpose. The purpose of WAC 275-19-700 through 275-19-749 is to provide specific program operational standards for facilities providing crisis intervention services as defined in WAC 275-19-020. To be approved as a facility to provide crisis intervention services, the facility must comply with the applicable requirements of WAC 275-19-700 through 275-19-749, and chapters 69.54 and/or 70.96A RCW. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-700, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.040. 83-23-008 (Order 2044), § 275-19-700, filed 11/4/83. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-700, filed 2/1/80.]

WAC 275-19-710 Crisis intervention facilities--

Required services. Approved facilities providing crisis intervention services must meet the following requirements:

(1) Have and maintain a current list of all approved alcohol and drug treatment facilities in the state.

(2) Have a current list of local services, if any, for legal, employment, education, training, mental health and physical health problems.

(3) Have services available twenty-four hours per day, seven days a week.

(4) All personnel providing client services must have completed a minimum of forty hours of training in crisis intervention techniques, alcoholism, and drug abuse.

(5) Crisis intervention facilities shall maintain records of each client contact including the problem presented, the outcome of the case, a record of any referral made, the signature of the person handling the case, and, where known, the name, age, sex, and race of the client. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-710, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-710, filed 2/1/80.]

WAC 275-19-720 Repealed. See Disposition Table at beginning of this chapter.

WAC 275-19-750 DWI client assessment services--Purpose. The purpose of WAC 275-19-750 through 275-19-799 is to provide specific program standards for approval of facilities providing DWI client assessment services as described in WAC 275-19-020. To be approved as a treatment facility to provide DWI client assessment services, the facility must comply with the applicable requirements of WAC 275-19-010 through 275-19-199, 275-19-750 through 275-19-799, and chapters 69.54 and/or 70.96A RCW. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-750, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.040. 83-23-008 (Order 2044), § 275-19-750, filed 11/4/83.]

WAC 275-19-760 DWI client assessment services--Clients. Admission of clients to a treatment facility providing DWI client assessment services shall be limited to persons who have been arrested for a violation of driving while under the influence of intoxicating liquor or drugs (RCW 46.61.502), or actual physical control of a motor vehicle while under the influence of intoxicating liquor or drugs (RCW 46.61.504), or petitioning for a deferred prosecution (chapter 10.05 RCW) for those offenses. [Statutory Authority: RCW 70.96A.040. 83-23-008 (Order 2044), § 275-19-760, filed 11/4/83.]

WAC 275-19-770 DWI client assessment services--Required services. (1) Qualified counselors or qualified assessment officers as defined in WAC 275-19-145 shall provide the following services:

(a) Assess client's involvement with alcohol and other drugs using, as a minimum, the Washington alcohol screening inventory and a diagnostic interview as required by WAC 275-19-185.

(b) Prepare a written assessment statement of each client's involvement with alcohol and other drugs which includes all of the information required by WAC 275-19-185.

(c) Inform each client of the right to select and be referred to an approved alcohol or drug treatment facility for services which are consistent with the assessment.

(2) Provide any requested reports of the assessment, in the format required, to the court of jurisdiction, the

department of licensing, and any other authorized agency or person. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-770, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.040. 83-23-008 (Order 2044), § 275-19-770, filed 11/4/83.]

WAC 275-19-800 Information school--Purpose. The purpose of WAC 275-19-800 through 275-19-899 is to provide specific program standards and objectives for approval of facilities providing information school services, as described in WAC 275-19-020. To be approved as a treatment facility to provide information school services, the facility must comply with the requirements of WAC 275-19-010 through 275-19-199, 275-19-800 through 275-19-899, and chapters 69.54 and/or 70.96A RCW. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-800, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-800, filed 2/1/80.]

WAC 275-19-810 Information school--School requirements. (1) The course shall be taught by a qualified information school instructor as defined in WAC 275-19-145. This requirement shall become effective July 1, 1984.

(2) Prior to beginning the first lesson, the instructor shall:

(a) Advise the students the course:

(i) Does not assume they are all alcoholics or drug addicts.

(ii) Is not a therapy session.

(b) Clearly identify and share the class rules with the students.

(c) Share the course objectives with the students.

(3) Seating shall be adequate and comfortable.

(4) Rooms shall be well-lit and well-ventilated.

(5) All reports required by the courts and the department of licensing shall be properly completed and shall be submitted in a timely manner. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-810, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.040. 83-23-008 (Order 2044), § 275-19-810, filed 11/4/83. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-810, filed 2/1/80.]

WAC 275-19-820 Information school--Curriculum. (1) The information course must be taught following the content and objectives outlined in *An Instructor's Guide to Alcohol Information School*, published January 1980, as now or hereafter amended.

(2) The alcohol information school curriculum shall include the following:

(a) Adequate information regarding alcohol, alcohol abuse, and alcoholism.

(b) Information on the current laws addressing drinking alcoholic beverages and driving a motor vehicle.

(c) Information on the effect of the use of alcohol on driving ability.

(d) Information regarding the availability of alcoholism treatment resources, for the primary alcoholic and his or her family.

(e) Information on the dangers of the use of alcohol in combination with other drugs.

(f) Information on the impact of alcohol abuse and alcoholism on the family.

(3) The curriculum shall consist of not less than eight nor more than twelve hours of classroom instruction.

(4) Not more than three hours of instruction shall be conducted in any one day.

(5) The post-test as written in *An Instructor's Guide to Alcohol Information School*, published January 1980, as now or hereafter amended, shall be administered to each enrolled student after the instruction sessions are completed. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-820, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.040. 83-23-008 (Order 2044), § 275-19-820, filed 11/4/83. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-820, filed 2/1/80.]

WAC 275-19-830 Information school--Fees. All students shall be advised of the designated fees at the time of enrollment for the school. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-830, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.040. 83-23-008 (Order 2044), § 275-19-830, filed 11/4/83. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-830, filed 2/1/80.]

WAC 275-19-900 Emergency service patrol--Purpose. The purpose of WAC 275-19-900 through 275-19-999 is to provide the specific standards and objectives for approval of facilities providing emergency service patrol services, as described in WAC 275-19-020. To be approved as a treatment facility to provide emergency service patrol services, the facility must comply with the applicable requirements of WAC 275-19-010 through 275-19-199, 275-19-900 through 275-19-999, and chapters 69.54 and/or 70.96A RCW. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-900, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-900, filed 2/1/80.]

WAC 275-19-910 Emergency service patrol--Clients. Services shall be limited to those persons in the state of intoxication and/or incapacitated by alcohol or drugs. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-910, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-910, filed 2/1/80.]

WAC 275-19-920 Emergency service patrol--Required services. There shall be an organized program and staff which shall provide the following services:

(1) Respond to calls from police, merchants, and other interested persons for assistance with intoxicated persons in a public place.

(2) Patrol an assigned area and give direct assistance to those intoxicated in a public place.

(3) A general assessment of the client's condition with regard to his or her state of inebriation, and the presence of a physical condition requiring medical attention.

(a) If a person is intoxicated but subdued and is willing to accept this service, transport him or her to his or her home, approved treatment facility, or other health facility.

(b) If the person appears to be incapacitated, unconscious, or has threatened or inflicted physical harm on another, every reasonable effort shall be made to take the person into protective custody and transport the person to an approved treatment facility or other health facility. [Statutory Authority: RCW 69.54.040 and 70.96A.090. 84-24-029 (Order 2171), § 275-19-920, filed 11/30/84, effective 1/1/85. Statutory Authority: RCW 70.96A.090. 80-02-136 (Order 1486), § 275-19-920, 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 established in accordance with the methodology promulgated under chapter 275-38 WAC. [Statutory Authority: RCW 72.33.660. 84-18-022 (Order 2144), § 275-20-030, filed 8/29/84. Statutory Authority: RCW 72.33.600. 83-18-028 (Order 2018), § 275-20-030, filed 8/31/83; 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 275-27 WAC

BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES AND HOME AID RESOURCES RULES

WAC

275-27-020 Definitions.
275-27-030 Determination of eligibility.

275-27-040	Application for services.
275-27-050	Determination for necessary services.
275-27-060	Individual service plan.
275-27-210	Home aid resources.
275-27-230	Authorization of services.
275-27-240	Financial services.
275-27-250	Guardianship services.
275-27-300	Completion of individual program plan—Residential habilitation centers.
275-27-400	Reasonable notice and consultation.
275-27-500	Fair hearings.
275-27-800	Community alternatives program (CAP).
275-27-810	Eligible persons.
275-27-820	CAP—Services.

WAC 275-27-020 Definitions. (1) "Mental retardation" means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior manifested before age eighteen and exhibiting an intelligence quotient at or below sixty-seven using Stanford-Binet, or at or below sixty-nine using Wechsler: *Provided*, That other appropriate analogous scale or scales used receives the prior approval of the secretary.

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

(3) "Secretary" means the secretary of the department of social and health services.

(4) "Division" means the division of developmental disabilities of the department of social and health services.

(5) "Director" means the director of the division of developmental disabilities.

(6) "Respite care" means temporary services provided to a developmentally disabled individual and/or the individual's family on either an emergency or planned basis without which the individual may need a more dependent program.

(7) "Individual" means the person for whom division services are requested.

(8) "Informed consent" means an agreement obtained from an individual or his or her authorized representative, for such individual's participation in an activity. The following information is necessary to informed consent:

(a) An explanation of the procedures to be followed including an identification of those which are experimental;

(b) A description of the attendant discomforts and risks;

(c) A description of the benefits to be expected;

(d) A disclosure of appropriate alternative procedures;

(e) An offer to answer any inquiries concerning the procedures; and

(f) Instruction that consent may be withdrawn and participation discontinued at any time.

(9) "Residential programs" means those programs providing domiciliary care and other services, including, but not limited to, state residential facilities, group homes, skilled nursing facilities, intermediate care facilities, congregate care facilities, boarding homes, children's foster homes, adult family homes, and group training homes.

(10) "Nonresidential programs" means programs including, but not limited to, county-funded habilitation services.

(11) "Emergency" means a sudden, unexpected occurrence demanding immediate action.

(12) "Best interest" includes, but is not limited to, individual client program elements designed to:

(a) Achieve or maintain economic self-support;

(b) Achieve or maintain self-sufficiency;

(c) Prevent or remedy neglect, abuse, or exploitation of individuals unable to protect their own interest;

(d) Preserve, rehabilitate, or reunite families; and

(e) Prevent or reduce inappropriate institutional care by providing the least restrictive setting, such as community-based services, home-based services, or other forms of less-intensive service, to meet the individual's medical and personal needs.

(13) "More dependent program" means a program providing less opportunity for numbers and variety of community contacts for the individual or requiring more hours of staff supervision/training/support for the individual. [Statutory Authority: RCW 71.20.070. 84-15-058 (Order 2124), § 275-27-020, filed 7/18/84. Statutory Authority: RCW 72.01.090, 72.33.040, 72.33.125 and 72.33.165. 78-04-033 (Order 1280), § 275-27-020, filed 3/16/78; Order 1143, § 275-27-020, filed 8/11/76.]

WAC 275-27-030 Determination of eligibility. (1)

An individual shall be eligible for services upon application pursuant to WAC 275-27-040, provided the division has determined the individual is developmentally disabled. Eligibility criteria to determine developmental disability shall be:

(a) Mental retardation, cerebral palsy, epilepsy, autism; or

(b) Auditory impairment, visual impairment, or a condition of an individual found by the secretary to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals, and

(c) Having the following additional characteristics:

(i) Originates before such person reaches age eighteen; and

(ii) Has continued or can be expected to continue indefinitely; and

(iii) Constitutes a substantial handicap to the individual's ability to function normally in society.

(2) The director or designee may authorize exception to criteria specified in subsection (1) of this section, upon determination there are no other services available and enforcement of such criteria will be extremely detrimental to the health and welfare of the individual.

(3) Prior to determining whether an individual is eligible for division services, the division may require a supporting affidavit of a physician and/or clinical or certified psychologist certifying the individual is developmentally disabled.

(4) If the applicant wishes the division to consider documents not on file with the department, then the applicant must sign departmental consent forms authorizing the division to acquire such documents.

(5) Within five working days of the receipt of the completed application and supporting documents, the division shall determine whether the individual is eligible for division services. [Statutory Authority: RCW 71.20.070, 84-15-058 (Order 2124), § 275-27-030, filed 7/18/84; Order 1143, § 275-27-030, filed 8/11/76.]

WAC 275-27-040 Application for services. (1) All applications for division services shall be filed with one of the division field services offices in the form and manner required by the director.

(2) An application may be made by an individual, or advocate for, or parent or parents or guardian of such an individual. [Statutory Authority: RCW 71.20.070, 84-15-058 (Order 2124), § 275-27-040, filed 7/18/84. Statutory Authority: RCW 72.01.090, 72.33.040, 72.33.125 and 72.33.165, 78-04-033 (Order 1280), § 275-27-040, filed 3/16/78; Order 1143, § 275-27-040, filed 8/11/76.]

WAC 275-27-050 Determination for necessary services. (1) Within sixty days from the date of the division's decision that an individual is developmentally disabled, the appropriate division field services office shall evaluate the individual's needs to determine which services, if any, are necessary to serve the client's best interest.

(2) Upon completion of the evaluation, an individual service plan with determination of necessary services shall be prepared pursuant to WAC 275-27-060 or other department forms as appropriate.

(3) Determination of necessary services shall not be regarded as a guarantee of delivery. Delivery of services shall be based on availability of services and/or funding. [Statutory Authority: RCW 71.20.070, 84-15-058 (Order 2124), § 275-27-050, filed 7/18/84. Statutory Authority: RCW 72.01.090, 72.33.040, 72.33.125 and 72.33.165, 78-04-033 (Order 1280), § 275-27-050, filed 3/16/78; Order 1143, § 275-27-050, filed 8/11/76.]

WAC 275-27-060 Individual service plan. (1) The division shall develop a written individual service plan for each person determined eligible for division services within sixty days. Interim services may be provided if deemed necessary.

(2) The individual service plan shall be based on an assessment of the individual's needs and will specify the services adjudged to be in the best interests of the client and meet the individual's habilitation needs. The individual service plan and authorization of services shall be in the form and manner specified by the director.

(3) A client, his or her parent or parents, or guardian may request review or modification of the service plan at any time based on changed circumstances.

(4) Development, review, and significant modifications of the individual service plan shall include, to the

maximum extent possible, appropriate division staff, the client, his or her parent or parents or guardian, and personal representative or representatives of the agency or facility which is, or will be, primarily responsible for the implementation of specific provisions of the plan. [Statutory Authority: RCW 71.20.070, 84-15-058 (Order 2124), § 275-27-060, filed 7/18/84. Statutory Authority: RCW 72.01.090, 72.33.040, 72.33.125 and 72.33.165, 78-04-033 (Order 1280), § 275-27-060, filed 3/16/78; Order 1143, § 275-27-060, filed 8/11/76.]

WAC 275-27-210 Home aid resources. (1) The division shall make payments for the provision of home aid resources as set forth in this section.

(2) Home aid resources shall be provided to eligible individuals and/or their families as follows:

(a) Planned or emergency respite care as defined in WAC 275-27-020(6);

(b) Transportation services where such transportation cannot be provided by the individual, the parent of an individual under age eighteen, or guardian;

(c) The purchase, rental, loan, or refurbishment of specialized equipment, environmental modifications, and other adaptations;

(d) Specialized therapies; and

(e) Attendant care.

(3) Transportation, equipment, therapies, and attendant care as set forth in WAC 275-27-210 (2)(b), (c), (d), and (e) shall be provided only upon receipt of information documenting such service or services will substantially reduce the need for a more dependent program and with approval of the director.

(4) Home aid resources shall be:

(a) Based on need;

(b) Specifically goal-oriented and time-limited;

(c) Agreed to by the client receiving services and/or the parent or parents or guardian entitled to custody, and the services provider.

(d) Extension of any service beyond the specified time limits or established fee schedules shall be authorized by the director or designee of the division.

(5) The division may require other local, private, federal, or other state resources be sought prior to making payments for home aid resources. [Statutory Authority: RCW 71.20.070, 84-15-058 (Order 2124), § 275-27-210, filed 7/18/84; Order 1143, § 275-27-210, filed 8/11/76.]

WAC 275-27-230 Authorization of services. (1) The division's field services section shall be responsible for authorizing services received by all eligible division clients from residential habilitation centers, other residential facilities, including, but not limited to, community IMR's, group homes, tenant support, and nonresidential programs.

(2) Determination of services to be authorized shall include, to the maximum extent feasible, the client, his or her parent or parents or guardian, and all other responsible parties.

(3) The emergency admission of any individual to a residential habilitation center shall not exceed thirty days.

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

(5) Placement by the division 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 division shall aid the client in obtaining required services from the local school district;

(ii) Exceptions may be granted by the division for county-funded services during nonschool months. [Statutory Authority: RCW 71.20.070. 84-15-058 (Order 2124), § 275-27-230, filed 7/18/84. 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 275-27-240 Financial services. The division's field services may include services to protect the financial interests of developmentally disabled individuals. [Statutory Authority: RCW 71.20.070. 84-15-058 (Order 2124), § 275-27-240, filed 7/18/84; Order 1143, § 275-27-240, filed 8/11/76.]

WAC 275-27-250 Guardianship services. If it appears an eligible individual requires a guardian, the division's field services may assure initiation of and/or assist in guardianship proceedings. [Statutory Authority: RCW 71.20.070. 84-15-058 (Order 2124), § 275-27-250, filed 7/18/84; Order 1143, § 275-27-250, filed 8/11/76.]

WAC 275-27-300 Completion of individual program plan--Residential habilitation centers. (1) Upon admission from the division's field services section, the state residential habilitation center shall take actions necessary to review and complete the individual service plan. (WAC 275-27-060.) Residents of a common school age shall be placed in an educational program and other programs as deemed appropriate.

(2) The completed individual program plan for residential habilitation centers shall include assessment, training and habilitation goals, and long- and short-term objectives.

(3) Assessment shall include the following:

- (a) Scholastic assessment;
- (b) Physical assessment; and
- (c) Adjustment assessment.

(4) Upon completion of assessment, the residential habilitation center shall determine training and habilitation goals for the resident.

(a) Training and habilitation goals shall be directed to maximizing the resident's potential, stabilizing, or ameliorating the resident's disabling condition, and in the resident's best interests.

(b) Training and habilitation goals shall include consideration of future community placement and an estimate as to when such placement is possible.

(c) Training and habilitation goals shall specify in measurable terms the behavioral changes desired, expected results, and necessary resources.

(5) For those residents of common school age as determined by chapter 392-173 WAC completion of the individual service plan shall meet requirements of chapter 392-173 WAC.

(6) The requirements of this section shall be completed within thirty days of admission. Upon completion of the requirements of this section, the parent, legal guardian, or committing court shall be notified of decisions made pursuant to WAC 275-27-500. [Statutory Authority: RCW 71.20.070. 84-15-058 (Order 2124), § 275-27-300, filed 7/18/84. Statutory Authority: RCW 72.01.090, 72.33.040, 72.33.125 and 72.33.165. 78-04-033 (Order 1280), § 275-27-300, filed 3/16/78.]

WAC 275-27-400 Reasonable notice and consultation. (1) A notification of department decision with respect to eligibility, development, or modification of the individual service plan, proposed services, termination of division services, placements, and admission or readmission to, or discharge from residential habilitation centers, shall be delivered to the client and the parent or parents, guardian, or advocate of such individual by mail or in person. Termination of the division services shall not be implemented for a period of thirty days after notification of the department's decision to terminate services. Other decisions of the department may be acted upon by the department even though the thirty-day period in which to appeal pursuant to WAC 275-27-500(1) has not expired provided the client, or parent of a client under age eighteen, or guardian authorized to determine residential placements for the client may at any time, withdraw consent to any division service.

(2) The notice shall set forth a statement of the reasons for the decision, and information pertaining to such person's or persons' right to appeal pursuant to WAC 275-27-500.

(3) All parties affected by such department decision shall be consulted, whenever possible, during the decision process by the responsible field services regional office in person and/or by telephone.

(4) The division shall ensure notification to the school district in which a school-aged child is to be placed when a placement decision is reached. [Statutory Authority: RCW 71.20.070. 84-15-058 (Order 2124), § 275-27-400, filed 7/18/84. Statutory Authority: RCW 72.01.090, 72.33.040, 72.33.125 and 72.33.165. 78-04-033 (Order 1280), § 275-27-400, filed 3/16/78; Order 1143, § 275-27-400, filed 8/11/76.]

WAC 275-27-500 Fair hearings. An applicant or recipient has the right to appeal a division decision

regarding eligibility for, development of, or modification of an individual program plan; eligibility for or termination of services; placement and admission to, placement and readmission to, or discharge from a state school. The hearings are governed by the Administrative Procedure Act, the rules in this chapter, and by chapters 10-08 and 388-08 WAC. In case of conflict between this section and chapter 388-08 WAC, the provisions in this chapter take precedence over the rules in chapter 388-08 WAC.

(1) The request for a fair hearing must be in writing and filed with the DSHS Office of Hearings, P.O. Box 2465, Olympia, WA 98504 within thirty days of receipt of the decision the appellant wishes to appeal.

(2) A request for a fair hearing may be made by the applicant or recipient, his or her parent when the applicant or recipient is a minor, or by his or her guardian or other authorized representative.

(3) Except for a decision to return a resident of a state residential school to the community, if the division has not implemented a decision before a written request for a hearing is properly filed and a request is properly filed, the division shall not implement the decision without the client's or his or her representative's written consent until the earlier of:

(a) The final administrative decision being made, or

(b) Until an administrative law judge (or review judge) after notice to the parties rules the appellant has caused an unreasonable delay in the proceedings.

(4) When the appellant requests a hearing to appeal a decision to return a resident of a state residential school to the community, the procedures specified in RCW 72-33.161 shall govern the proceedings. These include:

(a) A placement decision shall not be implemented during any period during which an appeal can be taken or while an appeal is pending and undecided unless:

(i) The client's or his or her representative gives written consent, or

(ii) The administrative law judge (or review judge) after notice to the parties rules the appellant has caused an unreasonable delay in the proceedings.

(b) The burden of proof is on the department.

(c) The burden of proof is whether the specific placement proposed by the department is in the best interests of the resident.

(d) When a party files a petition for administrative review of an initial decision, the secretary shall rule on the petition and render the review decision. The secretary cannot delegate the authority to make the final decision. The secretary may get advice and assistance from agency employees who have not participated in the proceedings in any manner and whose duties do not include investigative or prosecutory functions and the secretary's review shall be confined to the record.

(5) The initial decision should be made within sixty days of the department's receipt of the request for a hearing. When a party files a petition for administrative review, the review decision should be made within sixty days of the department's receipt of the petition. The decision-rendering time is extended by as many days as the hearing is continued on motion by, or with the assent

of, the appellant. [Statutory Authority: RCW 72.33.161. 84-15-038 (Order 2122), § 275-27-500, filed 7/13/84. Statutory Authority: RCW 72.01.090, 72.33.040, 72.33-.125 and 72.33.165. 78-04-033 (Order 1280), § 275-27-500, filed 3/16/78; Order 1143, § 275-27-500, filed 8/11/76.]

WAC 275-27-800 Community alternatives program (CAP). Purpose—Legal basis.

(1) The purpose of this program is to authorize certain home and community-based services for persons with developmental disabilities to provide an alternative to care in an institution for the mentally retarded (IMR).

(2) Community alternatives program (CAP) is a Medicaid program authorized by P.L. 97-35 Section 2176 as approved by the secretary of the U.S. Department of Health and Human Services. [Statutory Authority: RCW 71.20.020. 84-07-018 (Order 2086), § 275-27-800, filed 3/14/84.]

WAC 275-27-810 Eligible persons. (1) To be eligible to apply for community alternatives program (CAP) services, the individual must:

(a) Meet the criteria for the division of developmental disabilities (DDD) eligibility.

(b) Meet the criteria for disability as established in the Social Security Act.

(c) Have an income of less than three hundred percent of the federal Supplemental Security Income (SSI) benefit amount.

(d) Need an IMR level of care as determined by a DDD nursing care consultant.

(i) Require twenty-four hour care and require services that cannot be provided by a family member, and

(ii) Have a documented need for habilitation services and training.

(2) Participation in CAP is by choice of the otherwise IMR-eligible person. [Statutory Authority: RCW 71-20.020. 84-07-018 (Order 2086), § 275-27-810, filed 3/14/84.]

WAC 275-27-820 CAP—Services. (1) The following services may be authorized as specified by the individual service plan.

(a) Case management services, including intake, eligibility determination, assessment of need, placement, coordination, service authorization, and case monitoring.

(b) Habilitation services, including training, support, and supervision of developing the individual's physical skills, personal care, and social or community integration skills.

(c) Respite care for eligible individuals needing temporary support and supervision which cannot be provided by his or her family.

(d) Professional and other community-based services.

(2) The projected cost of services in the CAP individual service plan may not exceed eighty percent of the cost of care in an IMR, as determined by DDD case management services at the time of individual service plan development.

(3) The division shall review CAP eligibility annually. [Statutory Authority: RCW 71.20.020. 84-07-018 (Order 2086), § 275-27-820, filed 3/14/84.]

Chapter 275-31 WAC

DIVISION OF DEVELOPMENTAL DISABILITIES PROGRAM OPTION RULES

WAC

275-31-005	Purpose.
275-31-010	Definitions.
275-31-020	Determination of eligibility.
275-31-030	Notification to potential applicants.
275-31-040	Application for services.
275-31-050	Individual service plan.
275-31-070	Implementation of necessary services.
275-31-080	Criteria for determining costs.
275-31-090	Method of rate determination.

WAC 275-31-005 Purpose. (1) In order for developmentally disabled individuals to live in the most independent settings possible, and in order for these individuals and families to have access to services best suited to their needs, the division of developmental disabilities may approve alternative service plans for individuals.

(2) Measurable outcomes producing a positive result for individuals will be demonstrated as a result of services provided under such alternative plans.

(3) Cost savings will be demonstrated when costs of services under alternative plans are compared with costs of services provided prior to alternative plans. [Statutory Authority: RCW 72.33.125. 84-03-054 (Order 2066), § 275-31-005, filed 1/18/84.]

WAC 275-31-010 Definitions. (1) "Department" means the department of social and health services of the state of Washington.

(2) "Division" means the division of developmental disabilities of the department of social and health services.

(3) "Field services" means the section of the division providing case management services and resource management to division clients living in the community.

(4) "Individual" means the person for whom an alternative plan is being developed.

(5) "Individual habilitation plan" means an individual written plan of care prepared by an interdisciplinary team that sets measurable goals or objectives stated in terms of desirable behavior and that prescribes an integrated program of activities, experiences, or therapies necessary for the individual to reach those goals or objectives. The overall purpose of the plan is to help the individual function at the greatest physical, intellectual, social, or vocational level the individual can presently or potentially achieve.

(6) "Individual program plan" means an individual service plan or individual habilitation plan.

(7) "Individual service plan" means the written plan, specifying goals and objectives, developed by division staff, parent or parents and/or guardian, the individual,

and others whose participation is relevant to identifying needs of the individual.

(8) "Less dependent program" means an alternative program which will provide increased numbers and variety of community contacts for the individual or will require fewer hours of staff supervision/support for the individual.

(9) "Provider" means the person or agency contracted by the department to provide training, support, or other services as designated in the alternative plan.

(10) "Secretary" means the secretary of the department of social and health services or such officer of the department as the secretary may designate to carry out administration of the provision of these rules. [Statutory Authority: RCW 72.33.125. 84-03-054 (Order 2066), § 275-31-010, filed 1/18/84.]

WAC 275-31-020 Determination of eligibility. An individual shall be eligible for services under an alternative plan, provided that the division has determined the individual has a disability as defined in WAC 275-27-030 and the individual is receiving current services from the department. [Statutory Authority: RCW 72.33.125. 84-03-054 (Order 2066), § 275-31-020, filed 1/18/84.]

WAC 275-31-030 Notification to potential applicants. (1) Field services shall, prior to March 15, 1984, contact by mail all individuals determined to have a disability as defined in WAC 275-27-030, along with the guardians and agencies entitled to custody of such disabled individuals and parents of disabled individuals who are minors. Thereafter, the aforementioned persons shall be advised once in each calendar year.

(2) Potential applicants shall be informed of the process by which they may develop an alternative plan for services. [Statutory Authority: RCW 72.33.125. 84-03-054 (Order 2066), § 275-31-030, filed 1/18/84.]

WAC 275-31-040 Application for services. (1) In the case of a minor individual, an application can be made by the parent or parents, the guardian or limited guardian, or by the person or agency legally entitled to custody.

(2) In the case of an adult, an application can be made by the individual, by the guardian or limited guardian, or by the person or agency legally entitled to custody.

(3) Application will be made on the forms supplied by the department and the applicant will state the following:

(a) The outline of services proposed;

(b) Service providers for each service;

(c) Tasks necessary to the delivery of each service and the person/organization responsible for each task;

(d) All costs of services currently provided for the individual;

(e) The cost of each service component proposed in the alternative plan;

(f) Information explaining why the alternative plan is a less dependent program than the current program; and

(g) Information explaining why the alternative plan is appropriate under the goals and objectives of the individual program plan.

(4) Applicants must be notified within ninety days after the alternative plan has been received by the department of the secretary's approval or denial of the plan.

(5) The notification of the department's decision is subject to appeal rights pursuant to WAC 275-27-400 and 275-27-500. [Statutory Authority: RCW 72.33.125. 84-03-054 (Order 2066), § 275-31-040, filed 1/18/84.]

WAC 275-31-050 Individual service plan. The division shall ensure a current individual service plan is available for each individual prior to approval of application. [Statutory Authority: RCW 72.33.125. 84-03-054 (Order 2066), § 275-31-050, filed 1/18/84.]

WAC 275-31-070 Implementation of necessary services. (1) Plans meeting all the criteria specified in RCW 72.33.125(5) shall be implemented as soon as reasonable, but not later than one hundred twenty days after the completion of the determination process.

(2) Approval and reasonableness may be reviewed for a new determination if the plan has not been implemented within one hundred twenty days. [Statutory Authority: RCW 72.33.125. 84-03-054 (Order 2066), § 275-31-070, filed 1/18/84.]

WAC 275-31-080 Criteria for determining costs.

(1) The term "all costs" includes, but is not limited to: Residential support, habilitation, medical care, income grants to the persons, support to assist their families or other caregivers, and nonrecurring start-up expenses. All residential costs will recognize capital investment, using federal or professional accounting conventions. The department will take the following costs into account:

(a) All costs paid by the department, including costs borne by the federal government. Income grants paid by the federal government directly to the person (or payee) will be considered.

(b) All costs of the current or proposed program.

(2) The department will estimate a monthly average cost based on a two-year prospective cost period.

(3) Where costs are paid or records kept for a group of individuals rather than for one individual in question, the department will primarily use average cost for that group, such as all individuals living at the particular group home or particular residential habilitation center, or all the persons supported by the particular day habilitation program. Exceptions will be considered for persons receiving substantial services above the services received by the typical person in the group.

(4) The analysis of the proposed alternative service plan should show that proposed services can be provided at eighty percent of the current service cost. Exceptions will be considered for persons needing substantial services. [Statutory Authority: RCW 72.33.125. 84-03-054 (Order 2066), § 275-31-080, filed 1/18/84.]

WAC 275-31-090 Method of rate determination. Prevailing rates for comparable services will ordinarily be utilized in determining reimbursement for cost components of the alternative plan. [Statutory Authority: RCW 72.33.125. 84-03-054 (Order 2066), § 275-31-090, filed 1/18/84.]

**Chapter 275-32 WAC
SPECIAL SUPERVISION—COUNTY JUVENILE
PROBATION PROGRAMS**

WAC
275-32-005 through 275-32-175 Repealed.

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

- 275-32-005 Authority. [Order 1209, § 275-32-050 (codified as WAC 275-32-005), filed 5/4/77.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-32-010 Definitions. [Order 1209, § 275-32-010, filed 5/4/77; Order 861, § 275-32-010, filed 10/11/73; Order 795, § 275-32-010, filed 4/26/73; Order 11, § 275-32-010, filed 3/31/70; Order 7, § 275-32-010, filed 9/12/69.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-32-015 County's resolution of intention to participate. [Order 1209, § 275-32-015, filed 5/4/77. Formerly WAC 275-32-110.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-32-025 Application for participation. [Order 1209, § 275-32-025, filed 5/4/77. Formerly WAC 275-32-100.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-32-035 Announcement of program approval. [Order 1209, § 275-32-035, filed 5/4/77. Formerly WAC 275-32-130.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-32-045 Modification of approved program plan. [Order 1209, § 275-32-045, filed 5/4/77. Formerly WAC 275-32-160.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-32-060 Eligible probationers for special supervision. [Statutory Authority: RCW 13.06.030. 79-06-033 (Order 1401), § 275-32-060, filed 5/16/79; Order 1209, § 275-32-060, filed 5/4/77; Order 795, § 275-32-060, filed 4/26/73; Order 7, § 275-32-060, filed 9/12/69.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-32-065 Assignment of funds. [Order 1209, § 275-32-065, filed 5/4/77. Formerly WAC 275-32-120.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-32-075 Restrictions on spending. [Order 1209, § 275-32-075, filed 5/4/77. Formerly WAC 275-32-050.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-32-080 Workloads for special supervision program. [Order 1209, § 275-32-080, filed 5/4/77; Order 795, § 275-32-080, filed 4/26/73; Order 7, § 275-32-080, filed 9/12/69.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-32-085 Fiscal accountability and departmental audit. [Order 1209, § 275-32-085, filed 5/4/77. Formerly WAC

- 275-32-190.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-32-095 Program review and monitoring. [Order 1209, § 275-32-095, filed 5/4/77. Formerly WAC 275-32-200.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-32-105 Exceptions to rules. [Order 1209, § 275-32-105, filed 5/4/77.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-32-115 Treatment plan. [Statutory Authority: RCW 13.06.030, 78-03-030 (Order 1269), § 275-32-115, filed 2/17/78.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-32-135 Standard cost and workload standards. [Statutory Authority: RCW 13.06.030, 78-03-030 (Order 1269), § 275-32-135, filed 2/17/78.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-32-145 Earning of credits. [Statutory Authority: RCW 13.06.030, 78-03-030 (Order 1269), § 275-32-145, filed 2/17/78.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-32-155 County planning process. [Statutory Authority: RCW 13.06.030, 78-03-030 (Order 1269), § 275-32-155, filed 2/17/78.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-32-165 County's cooperation with other agencies. [Statutory Authority: RCW 13.06.030, 78-03-030 (Order 1269), § 275-32-165, filed 2/17/78.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-32-175 Alternate plans. [Statutory Authority: RCW 13.06.030, 78-03-030 (Order 1269), § 275-32-175, filed 2/17/78.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.

WAC 275-32-005 through 275-32-175 Repealed.
See Disposition table at beginning of this chapter.

Chapter 275-33 WAC

TRANSFER OF JUVENILE OFFENDER TO THE DEPARTMENT OF CORRECTIONS

WAC

275-33-010	Purpose.
275-33-020	Notification to juvenile.
275-33-030	Composition of board.
275-33-040	Attendance at hearing.
275-33-050	Consideration of evidence.
275-33-060	Record of decision.

WAC 275-33-010 Purpose. The purpose of this chapter is to establish standards and procedures for the conduct of review boards for juvenile offenders being considered for transfer to the department of corrections (DOC) from the department of social and health services in accordance with RCW 13.40.280. [Statutory Authority: RCW 13.40.280, 84-10-032 (Order 2097), § 275-33-010, filed 4/30/84.]

WAC 275-33-020 Notification to juvenile. A juvenile being considered for transfer to DOC shall be notified in writing at least five days in advance of the review

board hearing convened to consider the matter. Notification to the juvenile offender will include the reasons the transfer is being considered and a copy of the rules pertaining to the review board hearing. Prior to any review board hearing, the juvenile being considered for transfer to DOC, or the juvenile's attorney, shall have the right of access to, and adequate opportunity to examine any files or records of the department pertaining to the proposed transfer of the juvenile to the department of corrections. [Statutory Authority: RCW 13.40.280, 84-10-032 (Order 2097), § 275-33-020, filed 4/30/84.]

WAC 275-33-030 Composition of board. The review board will be composed of the director of DJR or designee and two other juvenile rehabilitation administrators appointed by the chairman. [Statutory Authority: RCW 13.40.280, 84-10-032 (Order 2097), § 275-33-030, filed 4/30/84.]

WAC 275-33-040 Attendance at hearing. Attendance at a review board shall be limited to parties directly concerned. The chairperson may exclude unauthorized persons unless the parties agree to their presence. Parties shall have the right to present evidence, cross-examine witnesses and make recommendations to the board. All relevant and material evidence is admissible which, in the opinion of the chairperson, is the best evidence reasonably obtainable, having due regard for its necessity, availability and trustworthiness. [Statutory Authority: RCW 13.40.280, 84-10-032 (Order 2097), § 275-33-040, filed 4/30/84.]

WAC 275-33-050 Consideration of evidence. At the conclusion of the hearing, the review board will consider all evidence presented and make a decision whether continued placement of the juvenile offender in an institution for juvenile offenders presents a continuing and serious threat to the safety of others in the institution. [Statutory Authority: RCW 13.40.280, 84-10-032 (Order 2097), § 275-33-050, filed 4/30/84.]

WAC 275-33-060 Record of decision. The chair of the review board will prepare a written record of the decision and reasons therefore. The review board shall be recorded manually, or by mechanical, electronic, or other device capable of transcription. [Statutory Authority: RCW 13.40.280, 84-10-032 (Order 2097), § 275-33-060, filed 4/30/84.]

Chapter 275-34 WAC

DIVERSION

WAC

275-34-010 through 275-34-140 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

275-34-010 Definitions. [Statutory Authority: Chapter 13.40 RCW, 80-15-081 (Order 1559), § 275-34-010, filed 10/20/80, effective 1/1/81. Statutory Authority:

- 1977 ex. sess. c 291. 78-05-020 (Order 1288), § 275-34-010, filed 4/13/78.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-34-020 Planning—Committees—Creation of plans. [Statutory Authority: Chapter 13.40 RCW. 80-15-081 (Order 1559), § 275-34-020, filed 10/20/80, effective 1/1/81. Statutory Authority: 1977 ex. sess. c 291. 78-05-020 (Order 1288), § 275-34-020, filed 4/13/78.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-34-030 Planning—Submission of plans—Time limits. [Statutory Authority: Chapter 13.40 RCW. 80-15-081 (Order 1559), § 275-34-030, filed 10/20/80, effective 1/1/81. Statutory Authority: 1977 ex. sess. c 291. 78-05-020 (Order 1288), § 275-34-030, filed 4/13/78.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-34-040 State funding. [Statutory Authority: Chapter 13.40 RCW. 80-15-081 (Order 1559), § 275-34-040, filed 10/20/80, effective 1/1/81. Statutory Authority: 1977 ex. sess. c 291. 78-05-020 (Order 1288), § 275-34-040, filed 4/13/78.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-34-050 Program plan—Required elements. [Statutory Authority: Chapter 13.40 RCW. 80-15-081 (Order 1559), § 275-34-050, filed 10/20/80, effective 1/1/81. Statutory Authority: 1977 ex. sess. c 291. 78-05-020 (Order 1288), § 275-34-050, filed 4/13/78.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-34-060 Diversion unit—Specifications in plans. [Statutory Authority: Chapter 13.40 RCW. 80-15-081 (Order 1559), § 275-34-060, filed 10/20/80, effective 1/1/81. Statutory Authority: 1977 ex. sess. c 291. 78-05-020 (Order 1288), § 275-34-060, filed 4/13/78.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-34-070 Approval of plan by secretary. [Statutory Authority: Chapter 13.40 RCW. 80-15-081 (Order 1559), § 275-34-070, filed 10/20/80, effective 1/1/81. Statutory Authority: 1977 ex. sess. c 291. 78-05-020 (Order 1288), § 275-34-070, filed 4/13/78.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-34-080 Modification of approved plan. [Statutory Authority: Chapter 13.40 RCW. 80-15-081 (Order 1559), § 275-34-080, filed 10/20/80, effective 1/1/81. Statutory Authority: 1977 ex. sess. c 291. 78-05-020 (Order 1288), § 275-34-080, filed 4/13/78.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-34-090 Separate administration—Exceptions. [Statutory Authority: 1977 ex. sess. c 291. 78-05-020 (Order 1288), § 275-34-090, filed 4/13/78.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-34-100 Exceptions to rules. [Statutory Authority: 1977 ex. sess. c 291. 78-05-020 (Order 1288), § 275-34-100, filed 4/13/78.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-34-110 Program review and monitoring. [Statutory Authority: 1977 ex. sess. c 291. 78-05-020 (Order 1288), § 275-34-110, filed 4/13/78.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-34-120 Refusal of services. [Statutory Authority: Chapter 13.40 RCW. 80-15-081 (Order 1559), § 275-34-

- 120, filed 10/20/80, effective 1/1/81.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.
- 275-34-140 Substantial violation. [Statutory Authority: Chapter 13.40 RCW. 80-15-081 (Order 1559), § 275-34-140, filed 10/20/80, effective 1/1/81.] Repealed by 85-09-003 (Order 2221), filed 4/4/85. Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040.

WAC 275-34-010 through 275-34-140 Repealed.
See Disposition Table at beginning of this chapter.

Chapter 275-35 WAC CONSOLIDATED JUVENILE SERVICES PROGRAMS

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WAC 275-35-010 Authority. Rules and regulations relating to consolidated juvenile service programs are hereby adopted pursuant to chapter 13.06 RCW. [Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040. 85-09-003 (Order 2221), § 275-35-010, filed 4/4/85.]

WAC 275-35-020 Definitions. (1) "Application" is the document requesting state funds for specific projects under the consolidated juvenile services program.

(2) "Consolidated juvenile services program" or "program" is that portion of the county's juvenile justice system providing services to a juvenile who has been adjudicated an offender or referred to a diversion unit.

(3) "Consolidated juvenile services review committee" or "review committee" means a group of individuals whose function is to provide input and review and make comments regarding the application. Said review committee shall be selected by the program administrator in consultation with the executive body and include, but not necessarily be limited to, representatives from the following: The executive's office, juvenile court judges and staff, law enforcement, prosecuting and defense attorneys, law and justice planning personnel, state-funded diversion units, educators, ethnic minorities, children services professionals, citizens, and private sector youth-serving groups.

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

(5) "Director" means the director of the division of juvenile rehabilitation or his or her designee.

(6) "Division" means the division of juvenile rehabilitation.

(7) "Juvenile justice system" or "system" means the organizational structure and process existing in the county for handling juvenile offenders.

(8) "Participating county" means a county or counties making application under this chapter.

(9) "Planning body" means that individual or group of individuals responsible for the development of the application.

(10) "Program administrator" or "administrator" means the person designated to administer the consolidated juvenile services program. This will be the juvenile court administrator except in those counties choosing not to participate in CJS or in those instances where the juvenile court administrator chooses not to administer the program.

(11) "Project" is a single unit of work to be performed as part of a consolidated juvenile services program.

(12) "Project supervisor" or "supervisor" means a person designated to supervise a project or projects in the consolidated juvenile services program.

(13) "Regional administrator" means the regional administrator of one of the division's six administrative regions.

(14) "Regional plan" means the document approved by the division setting forth regional program emphasis and priorities for the ensuing funding period.

(15) "Secretary" means the secretary of the department of social and health services. [Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040. 85-09-003 (Order 2221), § 275-35-020, filed 4/4/85.]

WAC 275-35-030 Establishment of a consolidated juvenile services program. (1) Request to participate.

(a) A request by a county or group of counties to participate under these provisions shall include a resolution or letter of intent submitted to the division by the executive body expressing intent to participate.

(b) After official acceptance by the regional administrator, the county's application will be considered in determining the division's community program expenditure for the ensuing funding period.

(c) Other public and private sector agencies within the county shall be considered in the development of the application and may be included as subcontractors in the county's request for funding by the division.

(d) Other public and private sector agencies may apply directly to the division for program funds. In such instances said agencies shall be responsible to meet all obligations and requirements specified for participating counties under this chapter.

(2) Program planning process and approval.

(a) Based upon divisional goals, the regional administrator develops regional priorities to assist planning bodies in formulating local priorities and program strategies.

(b) Each participating county shall develop through its existing planning process a program application for the delivery of services to juvenile offenders and shall agree through submission of the application to comply with the provisions of this chapter.

(c) The application will be submitted to the review committee who will review and make comments, which shall include but not be limited to the following areas:

(i) The provision of services to identified offender groups and access to services by all offenders;

(ii) Efforts to identify and utilize existing community services;

(iii) The avoidance of service duplication;

(iv) The maintenance of existing county and private agency commitment of funds to juvenile offender programs;

(v) Appropriate linkage to and support from other elements of the county's existing juvenile justice system; and

(vi) The extent to which regional priorities have been considered.

(d) Prior to the submission of the application to the regional administrator, the comments of the review committee will be considered by the planning body who will, if needed, either modify the plan or attach to the plan the reasons for not making suggested modifications.

(e) Written guidelines and instructions for preparing the application will be provided by the division. The application shall be developed in consultation with the regional administrator to ensure the coordination of state, county, and private sector resources within regional boundaries and shall be submitted to the regional administrator for review and subsequent approval.

(f) The division may provide planning bodies and review committees with technical services in the development of the application.

(3) Definitions of juvenile offender groups. Applications submitted must address service components for at least the following groups of juvenile offenders:

(a) Divertees. Juveniles participating in diversion under chapter 13.40 RCW.

(b) Court-adjudicated offenders not committed to the department. Juveniles who have been adjudicated by the court, but not committed to the department, and fall into one of the following categories:

(i) Minor/first offenders. Juvenile offenders defined as minor/first under chapter 13.40 RCW.

(ii) Middle offenders. Juvenile offenders who:

(A) Are not minor/first offenders as defined by chapter 13.40 RCW, or

(B) Have less than one hundred ten points on the standard sentencing scale, or

(C) Have not been committed to the department through the declaration of "manifest injustice."

(iii) High risk offenders. Juvenile offenders who:

(A) Have one hundred ten points or more on the standard sentencing scale, or

(B) Have committed a current offense that is a felony and are already on community supervision as a middle or serious offender, or

(C) Have committed a current offense which is a felony against people, or

(D) Have committed a current offense which is a felony and have evidenced increasingly serious criminal behavior within the previous twelve months, or

(E) Are defined as a serious offender by chapter 13.40 RCW and are allowed to remain in the community through the declaration of "manifest injustice."

(c) Court-adjudicated offenders committed to the department. Juveniles who have been adjudicated by the court and committed to the department, and fall into one of the following categories:

(i) Juveniles residing in the community as parolees or under the community residential placement program.

(ii) Juveniles residing in a county detention facility under a community commitment program.

(iii) Juveniles residing in a division institution or group home.

(d) Interstate compact agreement offenders. Juveniles supervised on parole through the interstate compact agreement. [Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040. 85-09-003 (Order 2221), § 275-35-030, filed 4/4/85.]

WAC 275-35-040 General provisions. (1) Access to services and use of existing community resources.

(a) Program administrators shall ensure all juvenile offenders have access to appropriate services, activities, and opportunities.

(b) Planning bodies shall avoid duplicating existing community services. If proposed services are similar to those already existing in the community, clear evidence must be presented in the application to demonstrate why such existing services are inappropriate or unavailable to meet identified needs or why such services cannot be provided through cooperative program planning or shared funding arrangements.

(2) All juveniles served by projects covered under this chapter shall be afforded due process in all contacts, especially those which may result in a more restrictive intervention.

(3) All projects included in the application shall comply with the provisions of this chapter, applicable divisional policies and standards, juvenile court rules, as well as other applicable standards. [Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040. 85-09-003 (Order 2221), § 275-35-040, filed 4/4/85.]

WAC 275-35-050 Organization. (1) The organizational structure of the program is the prerogative of the county or private sector agency participating under this chapter and shall not be dictated by these standards.

(2) The organizational structure shall be set forth in the application and shall reflect the program's relationship to other juvenile justice components operating within the county and region. [Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040. 85-09-003 (Order 2221), § 275-35-050, filed 4/4/85.]

WAC 275-35-060 Administration. (1) The distribution of funds for consolidated juvenile services programs shall be contingent upon:

(a) The designation of a program administrator, and

(b) The designation of a single project supervisor for each subcontract awarded outside the prime contract.

Said administrators and supervisors are responsible for the implementation of the program and the accomplishment of stated activities, results, and impacts.

(2) Administrators or supervisors will meet at least quarterly with the regional administrator or designees to review progress toward the achievement of results and other matters related to the overall implementation and funding of projects within the consolidated juvenile services program.

(3) Administrators or supervisors shall submit activity, narrative, and other reports and data as requested relating to programs and/or projects covered under this chapter to the regional administrator and shall participate with the regional administrator in the development of program and/or project status reports as may be required by the division.

(4) Case records and management information.

(a) Administrators and supervisors shall ensure a case record is kept for each juvenile offender in projects covered under this chapter, except diversion units will keep only such information as is necessary to monitor and evaluate the referral and disposition activities.

(b) Records other than diversion shall minimally contain:

(i) A treatment plan based upon identified needs setting forth specific objectives and methods in concise behavioral terms; and

(ii) A termination/closing report summarizing case activity.

(c) Case records shall be current and treatment plans updated at least quarterly.

(d) The provisions of chapter 13.50 RCW pertaining to the maintenance and confidentiality of social and legal information apply to all programs and projects covered under this chapter.

(e) Administrators and/or supervisors will provide necessary statistical data to maintain case files in the division's management information system.

(5) Policies and procedures.

(a) Each administrator shall maintain written policies and procedures which shall include, but not be limited to, the following:

(i) Reporting of serious criminal incidents involving juveniles participating in the program to the regional administrator.

(ii) Reporting of misconduct or malfeasance by staff of the program to the regional administrator.

(b) These policies and procedures will be reviewed at least annually by the regional administrator or designee.

(6) Change in application.

(a) Modification of a project requires the advance written approval of the regional administrator and may, at the regional administrator's discretion, require review and comment by the review committee.

(b) Changes in the budget during a funding period are accomplished by transfer, modification, or amendment.

(i) Transfers. The reallocation of funds between line items of the contract which will not exceed four thousand dollars or five percent, whichever is less, of the total budget within a fiscal year and which will not change

the overall scope of the program may be accomplished by written notification to the regional administrator.

(ii) Modifications. Reallocation of funds between line items of the contract exceeding four thousand dollars or five percent, whichever is less, of the total budget within a fiscal year requires advance written approval of the regional administrator. The regional administrator may require review and comment by the review committee.

(iii) Amendments. Amendments require the involvement of the department's contracts office, shall be processed through the division's regional office, and may, at the regional administrator's discretion, require review and comment by the review committee. Amendments are necessary when:

- (A) Contract amounts are increased or decreased;
- (B) Major change in the application is proposed;
- (C) Increased agency staffing is requested;
- (D) A change exceeds ten percent of the total contract budget;
- (E) A change moves moneys into a previously vacant line item.

(7) Training. Each participating county or agency providing services under this chapter shall provide relevant staff training.

(8) Assumption of division services.

(a) The assumption of division services shall be negotiated between the regional administrator and the administrator and will be reviewed by the review committee and the division's central office prior to a final decision.

(b) Where such services are assumed, the regional administrator will provide appropriate orientation and training.

(9) Review board authority in projects covered by this chapter shall rest with the administrator. [Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040. 85-09-003 (Order 2221), § 275-35-060, filed 4/4/85.]

WAC 275-35-070 Monitoring of performance and evaluation of program impact. (1) It shall be the responsibility of the administrator to submit activity reports, quarterly reports, corrective action plans and reports, and other such reports as specified in the division's monitoring system for the program to the regional administrator.

(2) It shall be the responsibility of the regional administrator to submit to the division's central office progress reports as specified in the division's monitoring system for the program.

(3) The regional administrator may, at any time, request a formal program/project or fiscal audit through the department and may also request other available technical services to assist in monitoring and evaluating the program/projects. [Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040. 85-09-003 (Order 2221), § 275-35-070, filed 4/4/85.]

WAC 275-35-080 Distribution of funds and fiscal management. (1) Funding constraints.

(a) Funds for programs covered by this chapter shall be utilized for the achievement of activities, results, and impacts stated for each project.

(b) Failure on the part of any project to perform in accordance with the provisions of this chapter or to achieve established activities, results, and impacts may result in the termination or reduction of funds.

(c) The administrator shall be responsible for the management of all fiscal matters related to the program, shall comply with state and local policies and procedures and the terms and conditions of the contract, and shall provide information to the regional administrator at regular and requested intervals.

(2) Limitations of funding.

(a) Funds received by participating counties shall not be used to replace local funds for existing services.

(b) Mileage reimbursement and per diem may not exceed the current allowable state or county rate, whichever is less.

(c) Equipment purchases must be approved in advance by the regional administrator and should be processed through the regional office whenever possible and feasible.

(d) Funds for evaluation are allowable, but the design, scope, and the expected final product must be clearly specified in the application.

(e) Funds for administrative salaries, benefits, and program support may not exceed ten percent of the total contract award.

(f) Further limitations on the distribution of funds for certain expenditure categories may be set forth in the division's application and budget instructions for the program. [Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040. 85-09-003 (Order 2221), § 275-35-080, filed 4/4/85.]

WAC 275-35-090 Services. (1) Diversion.

(a) Diversion staff shall be limited in their actions as set forth in chapter 13.40 RCW and the applicable divisional policies and standards.

(b) Diversion staff shall ensure divertees receive penalties on a priority continuum, whereby the heaviest penalty is assessed for the most serious of the divertable offenses and the least penalty is assessed for the least serious offense.

(c) Diversion staff shall develop: A statement of work; program philosophy; written policies and procedures; and shall maintain a line of communication with appropriate community entities, such as law enforcement and community service resources.

(d) Diversion staff shall contact divertees at least monthly or shall establish and maintain some other mechanism to ensure compliance with the diversion agreement; said divertee shall be terminated upon completion of the agreement.

(2) Community supervision. The administrator shall prepare minimum standards regarding frequency of contact and length of stay on a priority continuum, whereby the more serious offenders are provided more intense services for longer periods of supervision than are the

less serious offenders. Said standards shall be set forth in the application.

(3) Parole services.

(a) Parole supervision must be provided for all youth committed to the department as juvenile offenders, unless legal age limits have been reached or other post-institutional plan has been arranged through the regional administrator.

(b) Staff shall plan for and coordinate the youth's release from the institution; facilitate family, foster, or group home placement; facilitate youth's school re-entry, placement in vocational training, skills training, or employment; and develop other support programs that can reasonably be expected to be effective in achieving successful reintegration.

(c) Staff shall develop and monitor requirements for all interstate parolees.

(4) Community residential services.

(a) Community residential placement program.

(i) The community residential placement program provides placements for committed youth serving sentences at the minimum security level;

(ii) It shall provide twenty-four-hour supervision and such support services as arranging school and work programs, counseling, and other similar social services;

(iii) It shall provide a transitional program for youth between residential placement and the intended community placement in order to maximize successful reintegration; and

(iv) It shall ensure availability of medical and dental care, psychiatric and psychological consultations and testing, and such other services as may be needed to enhance reintegration.

(b) Community commitment program.

(i) The community commitment program provides placement and programming for committed youth serving sentences in county detention facilities.

(ii) It shall provide a transitional program for youth between secure detention and community supervision.

(5) Other services may be supported by the division as funds are available. [Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040. 85-09-003 (Order 2221), § 275-35-090, filed 4/4/85.]

WAC 275-35-100 Exceptions to rules. A waiver of the specific requirements of this chapter may be requested by written application to the director in situations where the imposition of such provisions can be shown to be detrimental or impractical to overall program operations. The director will give each waiver request individual consideration and promptly advise the applicant in writing of the director's decision regarding the waiver and explain the basis for such decision. [Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040. 85-09-003 (Order 2221), § 275-35-100, filed 4/4/85.]

Chapter 275-37 WAC

DIVISION OF JUVENILE REHABILITATION—
RULES, PRACTICES, AND PROCEDURES

WAC

- 275-37-010 Definitions.
- 275-37-020 Rated bed capacity.

WAC 275-37-010 Definitions. (1) "Department" means the department of social and health services.

(2) "Director" means the director of the division of juvenile rehabilitation or his or her designee.

(3) "Division" means the division of juvenile rehabilitation.

(4) "Regional administrator" means the regional administrator of one of the division's six administrative regions.

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

(6) "Superintendent" means the superintendent of one of the division's three institutions or two forest camps. [Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040. 85-09-003 (Order 2221), § 275-37-010, filed 4/4/85.]

WAC 275-37-020 Rated bed capacity. The rated bed capacity of the division is that number of confinement beds on file with the office of financial management by the first day of each biennium for operation during each ensuing fiscal year. [Statutory Authority: RCW 13.06.030, 13.40.210 and 72.72.040. 85-09-003 (Order 2221), § 275-37-020, filed 4/4/85.]

Chapter 275-38 WAC

IMR PROGRAM AND REIMBURSEMENT SYSTEM

WAC

- 275-38-001 Terms.
- 275-38-535 Due dates for reports.
- 275-38-600 Field audits.
- 275-38-730 Repealed.
- 275-38-740 Repealed.
- 275-38-745 Allowable interest.
- 275-38-785 Depreciation base.
- 275-38-795 Lives.
- 275-38-813 Handling of gains and losses upon retirement of depreciable assets.
- 275-38-831 Reimbursement principles.
- 275-38-845 Rate determination.
- 275-38-850 Cost centers.
- 275-38-860 Resident care and habilitation cost center rate.
- 275-38-863 Administration, operations, and property cost center rate.
- 275-38-865 Food rate component.
- 275-38-868 Maximum allowable compensation of certain administrative personnel.
- 275-38-869 Management agreements, management fees, and central office services.
- 275-38-870 Administration and operations rate component.
- 275-38-875 Property rate component.
- 275-38-880 Return on equity.
- 275-38-886 Settlement.
- 275-38-890 Interim rate.
- 275-38-892 Final payment.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 275-38-730 Maximum allowable compensation of certain administrative personnel. [Statutory Authority: RCW 74.09.120. 84-09-032 (Order 2092), § 275-38-730, filed 4/13/84; 82-16-080 (Order 1853), § 275-38-730, filed 8/3/82.] Repealed by 84-19-042 (Order 2150), filed 9/17/84. Statutory Authority: RCW 74.09.120. Later promulgation, see WAC 275-38-868.
- 275-38-740 Management agreements, management fees, and central office services. [Statutory Authority: RCW 74.09.120. 82-16-080 (Order 1853), § 275-38-740, filed 8/3/82.] Repealed by 84-19-042 (Order 2150), filed 9/17/84. Statutory Authority: RCW 74.09.120. Later promulgation, see WAC 275-38-869.

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 an 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 certain deferred charges which are not resources but which are recognized and measured in accordance with generally accepted accounting principles. The value of assets acquired in a change of ownership entered into after September 30, 1984, shall not exceed the acquisition cost of the owner of record as of July 18, 1984.

(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 or powers 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" – A residential setting certified as an IMR by the department in accordance with federal regulations. A state facility is a state-owned and operated residential habilitation center. A nonstate facility is a residential setting which is not owned and operated by the state and which is licensed in accordance with chapter 18.51 RCW as a nursing home or chapter 18.20 RCW as a boarding home.

(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; stepparent, stepchild, stepbrother, stepsister; 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. 85-06-063 (Order 2213), § 275-38-001, filed 3/6/85; 84-19-042 (Order 2150), § 275-38-001, filed 9/17/84; 82-16-080 (Order 1853), § 275-38-001, filed 8/3/82.]

WAC 275-38-535 Due dates for reports. (1) Non-state facilities' annual cost reports for a calendar year shall be submitted by March 31st of the following year.

(2) State facilities' annual cost reports for a fiscal year shall be submitted by December 31st of that year. [Statutory Authority: RCW 74.09.120. 84-19-042 (Order 2150), § 275-38-535, filed 9/17/84; 82-16-080 (Order 1853), § 275-38-535, filed 8/3/82.]

WAC 275-38-600 Field audits. (1) All cost reports for calendar year 1983 shall be field audited by the department.

(2) Cost reports for years subsequent to 1983 may be field audited by auditors employed by or under contract with the department. [Statutory Authority: RCW 74.09.120. 84-09-018 (Order 2091), § 275-38-600, filed 4/10/84; 82-16-080 (Order 1853), § 275-38-600, filed 8/3/82.]

WAC 275-38-730 Repealed. See Disposition Table at beginning of this chapter.

WAC 275-38-740 Repealed. See Disposition Table at beginning of this chapter.

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.

(d) Interest expense for assets acquired in a change of ownership entered into after September 30, 1984, shall be disallowed in proportion to the amount by which the loan principal for the acquired assets exceeds the original depreciation base of the owner of the assets as of July 18, 1984.

(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. 85-06-063 (Order 2213), § 275-38-745, filed 3/6/85; 82-16-080 (Order 1853), § 275-38-745, 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.

(5) Effective October 1, 1984, the depreciation base for assets acquired in a change of ownership entered into on or after July 18, 1984, shall not exceed the lower of the purchase price of the new owner or the acquisition cost base of the owner of the assets on or after July 18, 1984. Costs (including legal fees, accounting and administrative costs, travel costs, and the cost of feasibility studies) attributable to the negotiation or settlement of the assets acquired in the change of ownership, where any payment has previously been made by Title XIX, shall not be allowed. [Statutory Authority: RCW 74.09.120. 86-01-008 (Order 2312), § 275-38-785, filed 12/5/85; 85-06-063 (Order 2213), § 275-38-785, filed 3/6/85; 82-16-080 (Order 1853), § 275-38-785, 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 except the building. 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, except as follows: For boarding home licensed facility building improvements required by the Fire Safety Evaluation System (FSES) of the Life Safety Code of 1984, the improvements shall be depreciated over a period of not less than five years. This exception shall require prior approval by the department.

(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, except as follows: For boarding home licensed facility building improvements required by the Fire Safety Evaluation System (FSES) of the Life Safety Code of 1984, the improvements shall be depreciated over a period of not less than five years. This exception shall require prior approval by the department.

(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. 86-01-008 (Order 2312), § 275-38-795, filed 12/5/85; 82-16-080 (Order 1853), § 275-38-795, filed 8/3/82.]

WAC 275-38-813 Handling of gains and losses upon retirement of depreciable assets. This section shall apply in the place of WAC 275-38-812 effective October 1, 1984. Effective October 1, 1984, assets acquired in a change of ownership entered into on or after July 18, 1984, shall be subject to the following depreciation recapture provisions.

(1) 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.

(2) 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.

(3) 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 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. [Statutory Authority: RCW 74.09.120. 86-01-008 (Order 2312), § 275-38-813, filed 12/5/85.]

WAC 275-38-831 Reimbursement principles. (1) Medicaid program reimbursement rates established under the provisions of this chapter shall be only for facilities holding appropriate state licenses and certified to provide IMR services in accordance with applicable state and federal laws and regulations.

(2) Rates established shall be reasonable and adequate to meet the costs that must be incurred by economically and efficiently operated facilities to provide services in conformity with applicable state and federal laws and regulations.

(3) For nonstate facilities, final payment shall be the lower of their prospective rate or allowable costs.

(a) Prospective rates for nonstate facilities shall be determined in accordance with WAC 275-38-845, 275-38-846, 275-38-850, 275-38-860, 275-38-863, 275-38-865, 275-38-868, 275-38-869, 275-38-870, 275-38-875, and 275-38-880.

(b) Final payments for nonstate facilities shall be determined in accordance with WAC 275-38-886.

(4) For state facilities, final payment shall be their allowable costs.

(a) Interim rates for state facilities shall be determined in accordance with WAC 275-38-846 and 275-38-890.

(b) Final payments for state facilities shall be determined in accordance with WAC 275-38-892. [Statutory Authority: RCW 74.09.120. 85-06-063 (Order 2213), § 275-38-831, filed 3/6/85; 84-19-042 (Order 2150), § 275-38-831, filed 9/17/84; 83-17-074 (Order 2012), § 275-38-831, filed 8/19/83.]

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 1st.

(2) Prospective reimbursement rates shall be determined utilizing the prior year's desk-reviewed cost reports, and/or other documents submitted by each contractor. Prospective rates shall include an adjustment for inflation in accordance with appropriations made by the state legislature as consistent with federal requirements for the period to be covered by such rates. The legislative inflation factors will be specified in division policy Directive 406.

(3) Rates may be adjusted for:

(a) Changes approved by the department in staffing and/or consultant services at a facility in order to be in compliance with applicable state and federal laws, regulations, and quality and safety standards;

(b) Capital additions, improvements, or replacements made at a facility which are approved by the department as a condition of licensure or certification; or

(c) Department changes in program standards or services; or

(d) Administrative review conducted pursuant to WAC 275-38-900 or 275-38-960.

(4) Adjustments for cost changes not otherwise specified in subsection (3) of this section shall be provided by means of an inflation adjustment pursuant to subsection (2) of this section. [Statutory Authority: RCW 74.09.120. 84-19-042 (Order 2150), § 275-38-845, filed 9/17/84; 83-17-074 (Order 2012), § 275-38-845, filed 8/19/83; 82-16-080 (Order 1853), § 275-38-845, filed 8/3/82.]

WAC 275-38-850 Cost centers. (1) A contractor's overall reimbursement rate for IMR residents consists of the total of three component rates, each covering one cost center. The five cost centers are: Resident care and habilitative services; food; administration and operations; property; and return on equity;

(2) Effective January 1, 1985, a contractor's reimbursement rate for IMR residents consists of the total of three component rates, each covering one cost center. The three cost centers are: Resident care and habilitation; administration, operations, and property; and return on equity. [Statutory Authority: RCW 74.09.120. 85-06-063 (Order 2213), § 275-38-850, filed 3/6/85; 82-16-080 (Order 1853), § 275-38-850, filed 8/3/82.]

WAC 275-38-860 Resident care and habilitation cost center rate. (1) For C and D level facilities, the resident care and habilitation cost center will reimburse for resident living services, habilitative and training services, recreation services, and nursing services in accordance with applicable federal and state regulation.

(2) For E level facilities, the resident care and habilitation cost center will reimburse for resident living services, habilitative and training services, recreation services, and nursing services in accordance with applicable federal and state regulation. The cost center will also reimburse for resident care and training staff performing administration and operations functions specified in WAC 275-38-870.

(3) A facility's resident care and habilitation cost center rate shall be determined as follows:

(a) The facility's most recent desk-reviewed costs per resident day shall be adjusted for inflation except those costs for resident care and training (RCT) and recreation staff.

(b) RCT staff and recreation staff shall be determined by multiplying the number of reimbursed RCT and recreation staff hours per resident day reported in the facility's 1984 cost report by the greater of seven dollars and twenty-nine cents or the 1984 reported cost for RCT and recreation staff per reported hour.

(i) As part of a contractor's resident care and habilitation cost center payment for October 1985, a contractor will receive a one-time distribution of RCT and recreation staff compensation enhancement.

(ii) The distribution will be the contractor's 1984 desk-reviewed RCT and recreation staff hours divided by the number of days in the contractor's 1984 cost report, multiplied by ninety-two days, and multiplied by the difference between seven dollars and twenty-nine cents and the contractor's 1984 cost for RCT and recreation staff per hour where the contractor's 1984 cost per RCT and recreation staff hour is less than seven dollars and twenty-nine cents.

(c) The amounts determined in subsections (3)(a) and (b) of this section shall be summed to establish the facility's rate. [Statutory Authority: RCW 74.09.120. 86-01-008 (Order 2312), § 275-38-860, filed 12/5/85; 85-06-063 (Order 2213), § 275-38-860, filed 3/6/85; 84-19-042 (Order 2150), § 275-38-860, filed 9/17/84; 83-

17-074 (Order 2012), § 275-38-860, filed 8/19/83; 82-16-080 (Order 1853), § 275-38-860, filed 8/3/82.]

WAC 275-38-863 Administration, operations, and property cost center rate. Effective October 1, 1985, the administration, operations, and property cost center rate shall consist of the sum of three rate components: Food, administration and operations, and property. The food rate component shall be established pursuant to WAC 275-38-865. The administration and operations rate component shall be established pursuant to WAC 275-38-870. The property rate component shall be established pursuant to WAC 275-38-875. [Statutory Authority: RCW 74.09.120. 86-01-008 (Order 2312), § 275-38-863, filed 12/5/85; 85-06-063 (Order 2213), § 275-38-863, filed 3/6/85.]

WAC 275-38-865 Food rate component. (1) The food rate component will reimburse for the necessary and ordinary costs of bulk and raw food, dietary supplements, and beverages for meals and between-meal nourishment for residents.

(2) A facility's food rate component shall be set at the July 1, 1983, IMR food rate component, adjusted for inflation. [Statutory Authority: RCW 74.09.120. 85-06-063 (Order 2213), § 275-38-865, filed 3/6/85; 84-19-042 (Order 2150), § 275-38-865, filed 9/17/84; 83-17-074 (Order 2012), § 275-38-865, filed 8/19/83; 82-16-080 (Order 1853), § 275-38-865, filed 8/3/82.]

WAC 275-38-868 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 specified in division policy Directive 403 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 amount specified in division policy Directive 403.

(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 amount specified in division policy Directive 403.

(5) 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 amount specified in division policy Directive 403.

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

(a) Actual compensation received; or

(b) The maximum amount allowed multiplied by the percentage derived by dividing 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. [Statutory Authority: RCW 74.09.120. 84-19-042 (Order 2150), § 275-38-868, filed 9/17/84. Formerly WAC 275-38-730.]

WAC 275-38-869 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 275-38-868 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 275-38-868 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 under WAC 275-38-868, 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 275-38-868.

(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. 84-19-042 (Order 2150), § 275-38-869, filed 9/17/84. Formerly WAC 275-38-740.]

WAC 275-38-870 Administration and operations rate component. (1) The administration and operations rate component will include reimbursement for the necessary and ordinary costs of overall administration and 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 habitative supplies, taxes, and insurance.

(2) A facility's administration and operations rate component shall be the lesser of:

(a) The facility's most recent desk-reviewed cost per resident day, adjusted for inflation; or

(b) The eighty-fifth percentile ranking of state and nonstate facilities' most recent desk-reviewed cost per resident day, adjusted for inflation. The ranking shall be based on cost reports used for rate determination for facilities having an occupancy level of at least eighty-five percent for the cost report period. [Statutory Authority: RCW 74.09.120. 85-06-063 (Order 2213), § 275-38-870, filed 3/6/85; 84-19-042 (Order 2150), § 275-38-870, filed 9/17/84; 83-17-074 (Order 2012), § 275-38-870, filed 8/19/83; 82-16-080 (Order 1853), § 275-38-870, filed 8/3/82.]

WAC 275-38-875 Property rate component. The property rate component will reimburse for the necessary and ordinary costs of leases, depreciation, and interest. A facility's property rate component shall be the facility's most recent desk-reviewed cost per resident day. [Statutory Authority: RCW 74.09.120. 86-01-008 (Order 2312), § 275-38-875, filed 12/5/85; 85-06-063 (Order 2213), § 275-38-875, filed 3/6/85; 84-19-042

(Order 2150), § 275-38-875, filed 9/17/84; 83-17-074 (Order 2012), § 275-38-875, filed 8/19/83; 82-16-080 (Order 1853), § 275-38-875, filed 8/3/82.]

WAC 275-38-880 Return on equity. (1) The department will pay a return on equity to proprietary contractors.

(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, except that goodwill is not includable in the determination of net equity and monthly equity calculations will not be used.

(3) The contractor's net equity will be multiplied by twelve percent 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. The contractor shall be paid a prospective rate which is the lesser of the amount calculated pursuant to this section or two dollars per resident day.

(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 using the report 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 275-38-886. [Statutory Authority: RCW 74.09.120. 84-19-042 (Order 2150), § 275-38-880, filed 9/17/84; 83-17-074 (Order 2012), § 275-38-880, filed 8/19/83; 82-16-080 (Order 1853), § 275-38-880, filed 8/3/82.]

WAC 275-38-886 Settlement. (1) Effective January 1, 1985, a contractor's resident care and habilitation cost center payment shall be the lower of their prospective rate or allowable cost. A contractor's administration, operations and property cost center payment shall be their prospective rate. A contractor's return on equity payment shall be their prospective rate.

(2) A contractor's resident care and habilitation cost center payment shall be determined by the settlement procedure prescribed in this section.

(3) The settlement process shall consist of a preliminary settlement and a final settlement.

(4) The preliminary settlement process will be as follows:

(a) Providers are required to submit a proposed settlement report with the cost report.

(b) Within one hundred twenty days after receipt of the proposed settlement, the department shall verify the accuracy of the proposal and shall issue a preliminary

settlement substantiating refunds, underpayments, and overpayments.

(5) The final settlement process will be as follows:

(a) After completion of the audit process, including exhaustion or mutual termination of reviews and appeals of audit findings or determinations, the department will submit a final settlement report to the contractor fully substantiating disallowed costs, refunds, underpayments, or adjustments to the contractor's financial statements, cost report, and final settlement.

(b) Where the contractor is pursuing judicial or administrative review or appeal in good faith regarding audit findings or determinations, the department may issue a partial final settlement to recover overpayments based on audit adjustments not in dispute.

(c) A preliminary settlement as issued by the department will become the final settlement if no audit is to be conducted.

(6) Repayment of amounts owed the department shall be as follows:

(a) The contractor shall have thirty days after the date the preliminary or final settlement report is submitted to the contractor to contest a settlement determination under WAC 275-38-960. After the thirty-day period has expired, a preliminary or final settlement will not be subject to review.

(b) A contractor found to have received either overpayments or erroneous payments under a preliminary or final settlement shall refund such payments to the state within thirty days after the date of the preliminary or final settlement report is submitted to the contractor.

(c) In the event the contractor fails to make repayment in the time provided in subsection (6)(b) of this section, the department shall either:

(i) Deduct the amount of refund due plus assessment of interest, at the rate of one percent per month on the unpaid balance, from payment amounts due the contractor; or

(ii) In the instance the contract has been terminated:

(A) Deduct the amount of refund due plus an assessment of interest, at the rate of one percent per month on the unpaid balance, from any payments due; or

(B) Assess the amount due plus interest, at the rate of one percent per month on the unpaid balance, on the amount due.

(iii) Interest on the unpaid balance owed the department shall begin to accrue on the thirty-first day following receipt of written notification to the contractor of the amount owed the department.

(d) Where the facility is pursuing timely filed judicial or administrative remedies in good faith regarding settlement issues, the contractor need not refund nor shall the department withhold from the facility current payment amounts the department claims to be due from the facility but which are specifically disputed by the contractor. If the judicial or administrative remedy sought by the facility is not granted after all appeals are exhausted or mutually terminated, the facility shall make payment of such amounts due plus interest accrued from the date of filing of the appeal, as payable on judgments, within sixty days of the date such decision is made.

(7) Payment of amounts owed the contractor shall be as follows: The department shall make payment of any underpayments within thirty days after the date the settlement report is submitted to the contractor. [Statutory Authority: RCW 74.09.120. 85-06-063 (Order 2213), § 275-38-886, filed 3/6/85; 84-19-042 (Order 2150), § 275-38-886, filed 9/17/84; 83-17-074 (Order 2012), § 275-38-886, filed 8/19/83.]

WAC 275-38-890 Interim rate. (1) A facility's interim rate shall be determined utilizing the most recent desk-reviewed costs per resident day. These costs may be adjusted to incorporate federal, state, or department changes in program standards or services.

(2) A facility's interim rate may be adjusted for federal, state, or department changes in program standards or services. [Statutory Authority: RCW 74.09.120. 84-19-042 (Order 2150), § 275-38-890, filed 9/17/84.]

WAC 275-38-892 Final payment. (1) A settlement shall be determined to establish a facility's final payment. A settlement shall be calculated as follows:

(a) If a facility's allowable costs for the report period are greater than their interim payment, the amount owed the facility shall be the difference of cost minus interim payment.

(b) If a facility's allowable costs for the report period are less than their interim payments, the amount owed the department shall be the difference of rate minus cost.

(2) The settlement process shall consist of a preliminary settlement and a final settlement.

(3) The preliminary settlement process will be as follows:

(a) Facilities shall submit a proposed settlement report with their cost report.

(b) Within one hundred twenty days after receipt of the proposed settlement, the department shall verify the accuracy of the proposal and shall issue a preliminary settlement substantiating the settlement amount.

(4) The final settlement process will be as follows:

(a) After completion of the audit process, the department shall submit a final settlement report to the facility substantiating disallowed costs, refunds, underpayments, or adjustments to the contractor's financial statements, cost report, and final settlement.

(b) A preliminary settlement as issued by the department shall become the final settlement if an audit is not to be conducted. [Statutory Authority: RCW 74.09.120. 84-19-042 (Order 2150), § 275-38-892, filed 9/17/84.]

Chapter 275-53 WAC

SALE OF ITEMS PRODUCED BY VOCATIONAL TRAINING STUDENTS IN CORRECTIONAL INSTITUTIONS

WAC

275-53-050 through 275-53-065 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 275-53-050 Sale of items produced by vocational training students. [Order 769, § 275-53-050, filed 1/26/73.] Repealed by 86-02-052 (Order 85-12), filed 12/31/85. Statutory Authority: RCW 72.01.090. Later promulgation, see chapter 137-20 WAC.
- 275-53-055 Requirements of sale and notice. [Order 769, § 275-53-055, filed 1/26/73.] Repealed by 86-02-052 (Order 85-12), filed 12/31/85. Statutory Authority: RCW 72.01.090.
- 275-53-060 Display. [Order 769, § 275-53-060, filed 1/26/73.] Repealed by 86-02-052 (Order 85-12), filed 12/31/85. Statutory Authority: RCW 72.01.090.
- 275-53-065 Proceeds of sale. [Order 769, § 275-53-065, filed 1/26/73.] Repealed by 86-02-052 (Order 85-12), filed 12/31/85. Statutory Authority: RCW 72.01-090. Later promulgation, see WAC 137-20-015.

WAC 275-53-050 through 275-53-065 Repealed.
See Disposition Table at beginning of this chapter.

**Chapter 275-54 WAC
JUVENILE INVOLUNTARY TREATMENT**

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WAC 275-54-010 Purpose. Adopted pursuant to and in accordance with chapter 354, Laws of 1985.

These regulations are adopted to provide operational procedures to ensure minors in need of mental health care receive appropriate care and treatment, and to enable treatment decisions to be made in response to clinical needs and in accordance with sound professional judgment while also recognizing parents' rights to participate in treatment decisions for their minor children, and to protect minors against needless hospitalization and deprivations of liberty. [Statutory Authority: 1985 c 354. 86-02-019 (Order 2323), § 275-54-010, filed 12/23/85.]

WAC 275-54-020 Definitions. (1) "Child psychiatrist" means a person having a license as a physician and surgeon in this state, having had graduate training in child psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and who is board eligible or board certified in child psychiatry.

(2) "Children's mental health specialist" means a mental health professional who has completed a minimum of one hundred actual hours, not quarter or semester hours, of specialized training devoted to the study of child development and the treatment of children and who has the equivalent of one year of full-time experience in the treatment of children under the supervision of a children's mental health specialist.

(3) "Commitment" means a determination by a judge or court commissioner, made after a commitment hearing, that the minor is in need of inpatient diagnosis, evaluation, or treatment or the minor is in need of less restrictive alternative treatment.

(4) "County-designated mental health professional" means a mental health professional designated by one or more counties to perform the functions of a county-designated mental health professional described in this chapter.

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

(6) "Evaluation and treatment facility" means a public or private facility or unit certified by the department to provide emergency, inpatient, residential, or outpatient mental health evaluation and treatment services for minors. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility for minors. A facility which is part of or operated by the department or federal agency does not require certification. No correctional institution or facility, juvenile court detention facility, or jail may be an evaluation and treatment facility within the meaning of this chapter.

(7) "Evaluation and treatment program" means the total system of services and facilities coordinated and approved by a county or combination of counties for the evaluation and treatment of minors under this chapter.

(8) "Gravely disabled minor" means a minor who, as a result of a mental disorder, is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety, or manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or

volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

(9) "Inpatient treatment" means twenty-four-hour-per-day mental health care provided within a general hospital, psychiatric hospital, or residential treatment facility certified by the department as an evaluation and treatment facility for minors.

(10) "Involuntary patient" means a person presenting, as a result of a mental disorder, a likelihood of serious harm or is gravely disabled, and is initially detained and/or court-committed for evaluation and treatment.

(11) "Less restrictive alternative" or "less restrictive setting" means outpatient treatment provided to a minor not residing in a facility providing inpatient treatment as defined in this chapter.

(12) "Likelihood of serious harm" means either:

(a) A substantial risk physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself;

(b) A substantial risk physical harm will be inflicted by an individual upon another, as evidenced by behavior having caused such harm or placing another person or persons in reasonable fear of sustaining such harm; or

(c) A substantial risk physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior having caused substantial loss or damage to the property of others.

(13) "Mental disorder" means any organic, mental, or emotional impairment having substantial adverse effects on an individual's cognitive or volitional functions. The presence of alcohol abuse, drug abuse, juvenile criminal history, antisocial behavior, or mental retardation alone is insufficient to justify a finding of "mental disorder" within the meaning of this section.

(14) "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 (14)(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 (14)(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.

(15) "Minor" means any person under the age of eighteen years.

(16) "Outpatient treatment" means any of the non-residential services mandated under chapter 71.24 RCW and provided by licensed services providers as identified by RCW 71.24.025(3).

(17) "Parent" means:

(a) A biological or adoptive parent having legal custody of the child, including either parent if custody is shared under a joint custody agreement; or

(b) A person or agency judicially appointed as legal guardian or custodian of the child.

(18) "Professional person in charge" means a physician or other mental health professional empowered by an evaluation and treatment facility with authority to make admission and discharge decisions on behalf of that facility.

(19) "Psychiatric nurse" means a registered nurse having a bachelor's degree from an accredited college or university, and 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. "Psychiatric nurse" shall also mean any other registered nurse having three years of such experience.

(20) "Psychiatrist" means a person having a license as a physician in this state having completed residency training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and is board eligible or board certified in psychiatry.

(21) "Psychologist" means a person licensed as a psychologist under chapter 18.83 RCW.

(22) "Responsible other" means the minor, the minor's parent or estate, or any other person legally responsible for support of the minor.

(23) "Secretary" means the secretary of the department or secretary's designee.

(24) "Social worker" means a person with a masters or further advanced degree from an accredited school of social work or a degree from a graduate school deemed equivalent under rules and regulations adopted by the secretary.

(25) "Start of initial detention" means the time of arrival of the minor at the first evaluation and treatment facility offering inpatient treatment if the minor is being involuntarily detained at the time. With regard to voluntary patients, "start of initial detention" means the time at which the minor gives notice of intent to leave under the provisions of this chapter.

(26) "State-funded facility" means those long-term inpatient hospital or residential facilities receiving state funds to pay part or all of the cost of care for juveniles under one hundred eighty-day commitment and placed in these facilities by the placement committee. [Statutory Authority: 1985 c 354, 86-02-019 (Order 2323), § 275-54-020, filed 12/23/85.]

WAC 275-54-030 Application for admission--Voluntary minor. (1) Outpatient - Any minor thirteen years or older may request and receive outpatient treatment without the consent of the minor's parents. Parental authorization is required for outpatient treatment of a minor under the age of thirteen.

(2) Inpatient - When in the judgment of the professional person in charge of an evaluation and treatment facility it is not feasible to treat a minor in a less restrictive setting and the minor is in need of inpatient treatment because of a mental disorder, and the facility provides the type of evaluation and treatment services needed by the minor, the minor may be voluntarily admitted to an evaluation and treatment facility in accordance with the following requirements:

(a) A minor under thirteen years of age may only be admitted on the application of the minor's parents.

(b) A minor thirteen years or older may be voluntarily admitted by application of the parent. Such application must be accompanied by the written consent, knowingly and voluntarily given, of the minor.

(c) A minor thirteen years or older may, with concurrence of the professional person in charge of the evaluation and treatment facility, admit himself or herself without parental consent to the evaluation and treatment facility. Notice must be given by the facility to the minor's parents in accordance with the following requirements:

(i) Notice shall be in the form most likely to reach the parent within twenty-four hours of the minor's voluntary admission for inpatient treatment.

(ii) The notice must contain the location and telephone number of the facility providing such treatment and the name of the professional person on the staff of the facility providing that treatment who is designated to discuss the minor's need for inpatient treatment with the parent.

(iii) The minor shall be released to the parent, at the parent's request, unless the facility files a petition with the court requesting authorization to provide voluntary treatment to the minor, and setting forth the basis for the facility's belief that the minor is in need of inpatient treatment and that release would constitute a threat to the minor's health or safety.

(iv) The petition shall be signed by the professional person in charge and shall contain the following:

(A) The name and address of the petitioner.

(B) The name of the minor whose release is alleged to constitute a threat to the minor's health or safety.

(C) The name, telephone number, and address if known of every person believed by the petitioner to be legally responsible for the minor.

(D) A statement and the supporting facts for this statement that the petitioner has examined the minor and finds the minor in need of inpatient treatment and that release would constitute a threat to the minor's health or safety.

(E) A statement that the minor has been advised of the need for inpatient treatment and knowingly and voluntarily consented to such treatment.

(F) A statement concerning whether a less-restrictive alternative is available or is in the best interest of the minor.

(v) A copy of the petition shall be personally delivered to the minor and a copy shall be sent to the minor's attorney and the minor's parents.

(vi) The hearing shall be heard within three judicial days from the filing of the petition, and shall be conducted by a judge, court commissioner, or licensed attorney designated by the superior court as a hearing officer for such hearing. The hearing may be held at the treatment facility. The petition shall be presented by the prosecuting attorney.

(vii) The facility must demonstrate at the hearing by a preponderance of the evidence presented that the minor is in need of inpatient treatment and that release would constitute a threat to the minor's health or safety, and that the minor has knowingly and voluntarily consented to treatment.

(viii) The hearing shall not be conducted using rules of evidence. The admission or exclusion of evidence sought to be presented shall be within the exercise of sound discretion by the judicial officer conducting the hearing.

(ix) The parent and child may apply to the court for separate counsel to represent the parent if the parent cannot afford counsel.

(x) If by the preponderance of evidence the minor is found to be in need of inpatient treatment and that release would constitute a threat to the minor's health or safety, and that the minor's parent refuses to give parental consent for such treatment, and that the minor has knowingly and voluntarily consented to treatment, the petition shall be approved. The parent, then, will not have the right to demand immediate release until the next renewal of voluntary admission.

(d) The minor's need for continued inpatient treatment shall be reviewed and documented at least each one hundred eighty days.

(e) Written renewal of voluntary consent must be obtained from the applicant and the minor thirteen years or older no less than once every twelve months.

(f) A notice by a voluntary minor of intent to leave shall result in the following:

(i) Any minor under the age of thirteen must be discharged immediately upon written request of the parent.

(ii) Any minor thirteen years or older may give notice of intent to leave at any time. The notice need not follow any specific form so long as it is written and the intent of the minor can be discerned.

(iii) The staff member receiving notice shall date it immediately, record its existence in the minor's clinical record, and send copies of it to the minor's attorney, if

any, the county-designated mental health professional, and the parent.

(iv) In the case of a minor thirteen years or older, the professional person in charge of the evaluation and treatment facility shall discharge that minor from the facility within twenty-four hours upon receipt of the minor's notice of intent to leave, unless the county-designated mental health professional serves on the minor a copy of a petition for initial detention, a notice of initial detention, and a statement of rights. The county-designated mental health professional shall file the original petition for initial detention with the court on the next judicial day following the minor's notice of intent to leave. [Statutory Authority: 1985 c 354. 86-02-019 (Order 2323), § 275-54-030, filed 12/23/85.]

WAC 275-54-040 Emergency detention. (1) When a minor, thirteen years of age or older, is brought to an evaluation and treatment facility or emergency room for immediate mental health services, the professional person in charge of the facility shall:

(a) Evaluate the minor's mental condition to determine whether the minor suffers from a mental disorder and is in immediate need of inpatient treatment.

(b) Determine if the minor is willing to consent to voluntary admission.

(2) If the minor is unwilling to consent to voluntary admission and the professional person in charge believes the minor meets the criteria for initial detention, the facility may detain or arrange for the detention of the minor for up to twelve hours in order to enable the county-designated mental health professional to evaluate the minor and commence initial detention proceedings. [Statutory Authority: 1985 c 354. 86-02-019 (Order 2323), § 275-54-040, filed 12/23/85.]

WAC 275-54-050 Investigation and involuntary detention. (1) When a county-designated mental health professional receives information that a minor thirteen years or older, as a result of mental disorder, presents a likelihood of serious harm or is gravely disabled, and has investigated the specific facts and the credibility of the person or persons providing the information, and has determined voluntary admission for inpatient treatment is not possible, the county-designated mental health professional may take or cause the minor to be taken into custody and transported to an evaluation and treatment facility providing inpatient treatment.

(2) Within twelve hours of the minor's arrival at that facility, the minor shall be served with a copy of the petition for initial detention, notice of initial detention, and a statement of rights.

(3) On the next judicial day following the initial detention, the county-designated mental health professional shall file with the court the original petition for initial detention, the notice of initial detention, and the statement or rights along with an affidavit of service, and shall commence service of the petition for initial detention on the minor's parents and minor's attorney.

(4) At the time of initial detention, the county-designated mental health professional shall advise the minor

both orally and in writing that a commitment hearing shall be held within seventy-two hours of the minor's provisional acceptance to the facility. Within twelve hours of the admission, the facility shall advise the minor of his or her rights, including the fact the minor has the right to communicate immediately with an attorney and the minor has a right to have an attorney appointed to represent him or her before and at the hearing if the minor is indigent.

(5) The evaluation and treatment facility must immediately accept on a provisional basis the petition and the minor and within twenty-four hours must conduct an initial evaluation of the minor's condition and either admit or release the minor. If the minor is not approved for admission, the facility shall make such recommendations and referrals for further care and treatment of the minor as necessary.

(6) If the minor is approved for inpatient admission, the minor shall be examined and evaluated by a children's mental health specialist or other mental health professional, identified in WAC 275-54-170 (2)(e), within twenty-four hours of admission to determine the child's mental condition and by a physician to determine the child's physical condition. Reasonable measures shall be taken to ensure medical treatment is provided for any condition requiring immediate medical attention.

(7) The admitting facility shall take reasonable steps to notify immediately the minor's parents of the admission. The minor has the right to associate or receive communications from parents or others unless the professional person in charge determines such communication would be seriously detrimental to the minor's condition or treatment and so indicates in the minor's clinical records and notifies the minor's parents of this determination. In no event may the minor be denied the opportunity to consult an attorney.

(8) The minor's property shall be protected in accordance with the following:

(a) 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.

(b) 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.

(c) 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.

(9) The facility may detain the minor for evaluation and treatment for a period not to exceed seventy-two hours from the time of provisional acceptance. The seventy-two-hour period shall exclude Saturdays, Sundays, or holidays. At the expiration of this time period the minor must be released unless a fourteen-day petition has been filed or the minor's good-faith application for

voluntary treatment is accepted. [Statutory Authority: 1985 c 354, 86-02-019 (Order 2323), § 275-54-050, filed 12/23/85.]

WAC 275-54-060 Fourteen-day commitment petition. (1) The professional person in charge of an evaluation and treatment facility may petition to have a minor committed for fourteen days of diagnosis, evaluation, and treatment. The petition must be filed within the seventy-two-hour initial detention period with the superior court in the county where the minor is residing or being detained.

(2) This petition shall be signed either by two physicians or by one physician and a mental health professional examining the minor, and it shall contain the following:

(a) The name and address of the petitioner.

(b) The name of the minor alleged to meet the criteria for fourteen-day commitment.

(c) The name, telephone number, and address if known of every person believed by the petitioner to be legally responsible for the minor.

(d) A statement and the supporting facts for this statement that the petitioner has examined the minor and finds the minor's condition meeting required criteria for fourteen-day commitment.

(e) A statement the minor has been advised of the need for but has been unwilling or unable to consent to voluntary treatment.

(f) A statement recommending the appropriate facility or facilities for this commitment.

(g) A statement concerning whether a less-restrictive alternative is available or is in the best interest of the minor.

(3) A copy of the petition shall be personally delivered to the minor and a copy shall be sent to the minor's attorney and the minor's parents. [Statutory Authority: 1985 c 354, 86-02-019 (Order 2323), § 275-54-060, filed 12/23/85.]

WAC 275-54-070 Fourteen-day commitment—Hearing. (1) A fourteen-day commitment hearing shall be held within seventy-two hours from the minor's provisional acceptance. Seventy-two hours does not include Saturdays, Sundays, or legal holidays. The hearing shall be conducted at the superior court, or an appropriate place at the facility, in the county where the minor is being detained.

(a) At such hearing the court must find by preponderance of the evidence the minor has a mental disorder, presents a likelihood of serious harm or is gravely disabled, is in need of inpatient treatment of the type provided by the recommended facility, or is in need of less-restrictive alternative treatment found to be in the best interests of the minor, and the minor is unwilling or unable in good faith to consent to voluntary treatment.

(b) Rules of evidence shall not apply in fourteen-day commitment hearings.

(c) The judicial officer may exercise discretion regarding the admission or exclusion of evidence.

(d) This hearing shall be held within seventy-two hours unless a continuance is requested by the minor or the minor's attorney. The court may, for good cause, transfer the proceeding to the county of the minor's residence, or to the county in which the alleged conduct evidencing need for commitment occurred. If the county of detention is changed, subsequent petitions may be filed in the county in which the minor is detained without the necessity of a change of venue.

(e) Evidence in support of the petition shall be presented by the county prosecutor.

(f) The minor shall be present at the hearing unless the minor, with the assistance of the minor's attorney, waives the right to be present.

(g) If the parents are opposed to the petition, they may be represented at the hearing and shall be entitled to a court-appointed counsel if they are indigent.

(2) At the commitment hearing, the minor shall have the following rights:

(a) To be represented by an attorney.

(b) Present evidence on his or her behalf.

(c) To question persons testifying in support of the petition.

(d) If the minor has received medication within twenty-four hours of the hearing, the court shall be informed of that fact and the probable effects of the medication.

(3) If the court finds a less-restrictive alternative is in the best interests of the minor, the court shall order less-restrictive alternative treatment upon conditions as necessary.

(4) If the court determines the minor does not meet the criteria for a fourteen-day commitment, the minor shall be released.

(5) A minor having been committed for fourteen days shall be released at the end of that period unless a petition for a one hundred eighty-day commitment is pending before the court. [Statutory Authority: 1985 c 354, 86-02-019 (Order 2323), § 275-54-070, filed 12/23/85.]

WAC 275-54-080 One hundred eighty-day petition, hearing, and commitment. (1) At any time during the minor's fourteen-day commitment, the professional person in charge may petition the court for an additional one hundred eighty-day period of treatment. If this professional person is in charge of a facility other than a state-operated facility, then the evidence in support of the petition shall be presented by the county prosecutor. If the professional person in charge is employed by the state-operated facility, the evidence shall be presented by the attorney general.

(2) The petition for one hundred eighty-day commitment shall contain the following:

(a) The name and address of the petitioner or petitioners.

(b) The name of the minor alleged to meet the criteria for one hundred eighty-day commitment.

(c) A statement the petitioner is the professional person in charge of the facility responsible for the treatment of the minor.

(d) The date of the fourteen-day commitment order.

(e) A summary of the facts supporting the petition.

(f) Affidavits which describe in detail the behavior of the detained minor which supports the petition and shall state whether a less-restrictive alternative to inpatient treatment is in the best interest of the minor shall be signed by two examining physicians, one of whom shall be a child psychiatrist, or by one examining physician and one children's mental health specialist.

(3) The petition shall be filed with the clerk of the court at least three days before the expiration of the fourteen-day commitment period.

(4) The hearing shall be conducted at the superior court, or an appropriate place at the facility in the county where the minor is being detained. The court may, for good cause, transfer the proceeding to the county of the minor's residence or to the county where the alleged conduct evidencing need for commitment occurred. If the county of detention is changed, subsequent petition may be filed in the county where the minor is detained without the necessity of a change of venue.

(5) The petitioner shall serve a copy of the petition on the minor and notify the minor's attorney and the minor's parent within twenty-four hours of filing. A copy of the petition shall be provided to the minor's attorney and the minor's parent at least twenty-four hours prior to the hearing.

(6) At the time of the filing, the court shall set a hearing date which is to be within seven days of filing of the petition.

(7) The court may continue the hearing for not more than ten days upon the written request of the minor or the minor's attorney. The minor or the parents shall be afforded the same rights as in a fourteen-day commitment hearing. Treatment of the minor shall continue pending the proceeding.

(8) The court must find by clear, cogent, and convincing evidence the minor is suffering from a mental disorder and presents a likelihood of serious harm or is gravely disabled and is in need of further treatment that only can be provided in a one hundred eighty-day commitment.

(9) If the court finds the minor meets the criteria for continued commitment, and a less-restrictive alternative is not appropriate or available, the court may order the minor committed for further inpatient treatment to:

(a) A private evaluation and treatment facility if the minor's parents have assumed responsibility for payment of such treatment;

(b) The custody of the secretary if placement in a state-funded program is required.

(10) If the court finds a less-restrictive alternative is in the best interest of the minor, the court shall order less-restrictive alternative treatment upon conditions as necessary.

(11) If the minor does not meet the criteria for continued commitment, the minor shall be released.

(12) Successive one hundred eighty-day commitments are permissible on the same grounds under the same procedures as the original one hundred eighty-day commitment. Such petitions shall be filed at least five days

prior to the expiration of the previous one hundred eighty-day commitment order. [Statutory Authority: 1985 c 354, 86-02-019 (Order 2323), § 275-54-080, filed 12/23/85.]

WAC 275-54-090 Detention and commitment after eighteenth birthday. No minor may be detained or committed under chapter 354, Laws of 1985 after his or her eighteenth birthday unless commitment procedures under chapter 71.05 RCW have been initiated: *Provided*, That a minor may be detained after his or her eighteenth birthday for the purpose of completing the fourteen-day diagnosis, evaluation, and treatment. [Statutory Authority: 1985 c 354, 86-02-019 (Order 2323), § 275-54-090, filed 12/23/85.]

WAC 275-54-100 Transfer from juvenile correctional institutions. (1) Any person committed to or confined in any juvenile correctional institution and determined to be in need of observation, diagnosis, or treatment in an inpatient evaluation and treatment facility may be transferred or moved to such facility by the secretary or the secretary's designee upon written authorization for a period of up to fourteen days, *Provided*, That:

(a) The secretary notifies the original committing court of the transfer.

(b) The inpatient evaluation and treatment facility is in agreement with the transfer.

(2) No minor transferred under the provisions of this section may be detained in an inpatient evaluation and treatment facility for more than fourteen days unless the minor is admitted as a voluntary patient or is committed for one hundred eighty-day treatment in accordance with provisions of WAC 275-54-030 and 275-54-080, or ninety-day treatment under chapter 71.05 RCW if eighteen years of age or older.

(3) Underlying jurisdiction of minors transferred, admitted, or committed under this section remains with the state correctional institutions.

(4) If a voluntarily admitted minor or minor committed under this section is no longer in need of the treatment provided by the facility or no longer meets the criteria for one hundred eighty-day commitment, the minor shall be returned to the state correctional institution to serve the remaining time of the underlying dispositional order or sentence.

(5) Time spent by the minor at the evaluation and treatment facility shall be credited toward the minor's juvenile court sentence. [Statutory Authority: 1985 c 354, 86-02-019 (Order 2323), § 275-54-100, filed 12/23/85.]

WAC 275-54-110 Conditional release or early discharge. (1) The professional person in charge of the inpatient facility may authorize the minor's release under such conditions as appropriate. Conditional release may be revoked pursuant to WAC 275-54-150 if release conditions are not met or the minor's functioning substantially deteriorates.

(2) Minors may be discharged prior to the expiration of the commitment period if the treating physician or the professional person in charge concludes the minor no longer meets commitment criteria.

(3) Whenever the minor is conditionally released or discharged prior to the expiration of the commitment, the professional person in charge shall within three days of the conditional release or discharge notify the court and the placement committee, in the case of one hundred eighty-day commitment, in writing of the release. [Statutory Authority: 1985 c 354, 86-02-019 (Order 2323), § 275-54-110, filed 12/23/85.]

WAC 275-54-120 Release of voluntary/involuntary minors to the custody of parents. (1) The facility shall release the minor to the custody of the minor's parent or other responsible person authorized by the parent to take custody of the minor. If the parent refuses to accept custody of the released minor, or to designate and authorize another responsible person to take custody of the minor on their behalf, the minor shall be referred and released to the appropriate juvenile authority for necessary dependency action. The facility shall furnish transportation for the minor to the minor's residence or other appropriate place.

(2) If the minor is released to someone other than the minor's parent, the facility shall make every effort to notify the minor's parents of the release as soon as possible.

(3) No indigent minor may be released to a less-restrictive alternative or discharged from inpatient treatment without suitable clothing. As funds are available from the department, these may be used to provide necessary funds for the immediate welfare of the indigent minor upon discharge. The superintendent of the state hospital in the releasing facility's catchment area should be contacted for prior approval of such funds for these needs. [Statutory Authority: 1985 c 354, 86-02-019 (Order 2323), § 275-54-120, filed 12/23/85.]

WAC 275-54-130 Elopement of minors. In the event of a minor's elopement from an evaluation and treatment facility, the professional person in charge shall immediately notify parents and appropriate law enforcement agencies. [Statutory Authority: 1985 c 354, 86-02-019 (Order 2323), § 275-54-130, filed 12/23/85.]

WAC 275-54-140 Long-term placement—Designated placement committee. (1) The secretary's placement authority shall be exercised through a designated placement committee composed of children's mental health specialists and established in accordance with chapter 354, Laws of 1985.

(2) The secretary shall appoint membership of the placement committee, at least one of whom shall be a child psychiatrist representing one of the state-funded, long-term evaluation and treatment facilities for minors.

(3) The committee's responsibilities shall include:

(a) The committee shall accept immediately, authorize, and effect placement of any minor committed to the

secretary for one hundred eighty-day inpatient treatment in the most appropriate state-funded, long-term evaluation and treatment facility. Placement criteria shall include:

(i) The treatment needs of the minor;

(ii) The most appropriate facility able to respond to the minor's treatment needs;

(iii) The geographic proximity of the facility to the minor's family and home community;

(iv) The immediate availability of bed space;

(v) The probable impact of the minor's placement on other residents.

(b) The committee shall approve or deny requests from the state-funded facilities for transfer of a minor between facilities.

(c) Develop, maintain, and update policies and procedures to carry out the provisions of this section. Such policies and procedures shall be reviewed and approved by the mental health division.

(d) Receive and monitor reports and make such appropriate recommendations to the mental health division as may be necessary concerning needed individual patient or program corrective action. Such reports shall include:

(i) Individual patient status reports, at a minimum providing information concerning the minor's individual treatment plan and progress, recommendations for future treatment, anticipated discharge date, and possible less-restrictive treatment.

(ii) Incident reports covering such events as will be required by the placement committee's policies and procedures.

(iii) Individual patient discharge summaries.

(iv) Program utilization information as identified in the placement committee's policies and procedures.

(4) The responsibilities of the professional person in charge of the long-term state-funded inpatient evaluation and treatment facilities shall include:

(a) Establish policies, procedures, and practices assuring compliance with the provisions of this WAC.

(b) Provide the array and quality of evaluation and treatment services needed to respond to the needs of the minor in accordance with the provisions of WAC 275-54-200.

(c) Notify the court, the placement committee, and all responsible others of any major change in the minor's status and make such notification within three days of the date of any change in legal status, conditional release, or discharge.

(d) Provide the placement committee within ninety days of admission and at least one hundred eighty days thereafter with a report setting forth such facts as the committee requires, including the minor's individual treatment plan and progress, recommendations for future treatment, recommendations regarding less-restrictive treatment, and anticipated discharge date.

(e) Provide the placement committee with incident reports, discharges, program utilization information, and such other reports and information as may be specified in the placement committee policies and procedures.

(5) The placement committee shall provide the facility at the time of the minor's placement with formal written notification of placement. Such notification shall include authorization of the professional person in charge of the facility to carry out the secretary's responsibility for the care and custody of the minor and authorization to request the assistance of law enforcement agencies to return the minor in case of elopement.

(6) Any minor committed to the secretary shall remain at the treatment facility where the minor was held at the time of the commitment hearing, in accordance with the provisions of applicable mental health division issuance. The department's placement committee will be notified within twenty-four hours of the commitment to the secretary by the facility holding the minor.

(7) The committee will advise the treating facility as to the committee's requirements for information about the minor that will allow the committee to make a decision concerning placement of that minor. [Statutory Authority: 1985 c 354, 86-02-019 (Order 2323), § 275-54-140, filed 12/23/85.]

WAC 275-54-150 Revocation of a less-restrictive alternative treatment or conditional release. (1) If a minor is failing to adhere to the conditions of the court-ordered less-restrictive alternative treatment or the stipulations of a conditional release or if substantial deterioration of a minor's functioning has occurred, the county-designated mental health professional or the secretary may order the minor be taken into custody and transported to an inpatient evaluation and treatment facility.

(2) An order of apprehension and detention shall be filed by the county-designated mental health professional or the secretary, and it shall be served upon the minor who shall, at the time of the service, be informed of the right to a hearing and to representation by an attorney. The minor's parent and attorney shall be notified of the detention within two days of return.

(3) The county-designated mental health professional or secretary may modify or rescind the order of apprehension and detention at any time prior to the hearing.

(4) A petition for revocation of a less-restrictive alternative treatment shall be filed by the county-designated mental health professional or the secretary with the same court that ordered such placement. A petition for revocation of a conditional release may be filed in either the county originally ordering inpatient treatment or in the county where the minor is presently residing.

(5) In either case, as identified in subsection (4) of this section, upon motion for good cause, the hearing may be transferred to the county where the minor resides or where the alleged violations occurred. The minor may waive the hearing and be returned to inpatient treatment or to less-restrictive alternative placement or conditional release on the same or modified grounds.

(6) The petition for revocation of less-restrictive alternative treatment or conditional release shall describe the behavior of the minor indicating violation of the conditions or deterioration of routine functioning and dispositional recommendations.

(7) The hearing shall be held within seven days of the minor's return and shall determine the following:

(a) Whether the minor adhered to the conditions of the less-restrictive placement or conditional release.

(b) Whether the minor's routine functioning has substantially deteriorated.

(c) Whether the conditions of less-restrictive placement or conditional release should be modified or if the minor should be returned to inpatient treatment.

(8) If the court decides the minor is to be returned to inpatient treatment, the secretary's placement responsibility as set forth in WAC 275-54-140 shall apply. [Statutory Authority: 1985 c 354, 86-02-019 (Order 2323), § 275-54-150, filed 12/23/85.]

WAC 275-54-160 Requirements for certifying evaluation and treatment components for minors. (1) Each county or combination of counties shall develop and coordinate an evaluation and treatment program consistent with chapter 354, Laws of 1985 and chapter 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 or components required, or may through contract or agreement arrange with an agency or agencies to provide such a program in its entirety. Component or components obtained on this basis from an agency or agencies shall be subject to all applicable provisions of these rules and of chapter 354, Laws of 1985. 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 and shall indicate the department will consider those standards in the department's site visit and certification procedure as directed by WAC 275-54-210.

(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 354, Laws of 1985 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 275-54-210.

(b) On-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. [Statutory Authority: 1985 c 354, 86-02-019 (Order 2323), § 275-54-160, filed 12/23/85.]

WAC 275-54-170 Certification standards for evaluation and treatment program for minors. (1) The following general requirements shall apply to any agency desiring certification as a component or components of the evaluation and treatment program:

(a) The spectrum of evaluation and treatment services provided by the agency shall include at least one of the following:

- (i) Outpatient.
- (ii) Emergency.
- (iii) 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 275-54-160.

(c) 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).

(d) 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 275-54-290 is 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 WAC 275-54-150. 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. 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, community support services, vocational rehabilitation, and legal services, are provided to each patient.

(e) The agency desiring certification of the agency's component or components shall make application for such certification pursuant to WAC 275-54-160.

(2) In addition to the requirements specified for each in WAC 275-54-180, 275-54-190, and 275-54-200, 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.

(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 in the case of a seventy-two-hour detention, the county-designated mental health professional shall make arrangements for the most appropriate placement available.

(b) 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 inpatient services is permitted only if the minor's clinical record contains documentation that:

(i) The anticipated effects of such joint use on the minor have been considered by the professional staff, and

(ii) A professional judgment has been made that such joint use will not be deleterious to the minor. No minor shall be placed on an adult inpatient unit unless no other alternative is available, or an emergency exists, and documentation has been made pursuant to subsection (2) of this section.

(c) Admission evaluations. Within twenty-four hours of initial detention, 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 to include at least an assessment of family dynamics, interaction with other persons, educational, developmental, legal, and other social service needs of the minor.
- (d) 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. The treatment plan shall address the needs identified in the admission evaluation of the minor. 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.
 - (e) Evaluation and treatment services provided to minors shall be provided by:
 - (i) A child mental health specialist, as defined by WAC 275-54-020(2), or
 - (ii) A mental health professional, as defined by WAC 275-54-020(14) directly supervised by a child mental health specialist, or
 - (iii) A mental health professional 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.
 - (f) Treatment. The evaluation and treatment program shall:
 - (i) Provide family therapy as needed.
 - (ii) Have available, as needed, professional personnel including, but not limited to, a licensed physician and a mental health professional skilled in crisis intervention.
 - (iii) Ensure each patient has access to necessary medical treatment and support services and access to emergency life-sustaining treatment and medication.
 - (iv) Have psychiatric consultation available to other physicians or mental health professionals when treatment is not provided by or under the supervision of a psychiatrist.
 - (g) 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.

(h) 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.

(i) 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 354, Laws of 1985 and standards and guidelines promulgated by the department.

- (vi) Other appropriate subject matter.
- (j) Administration. All components shall:
 - (i) Maintain written procedures for managing assaultive and/or self-destructive patient behavior, and assure staff has access to and are familiar with these procedures.

(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.

(3) Whenever a component is also subject to licensure under other federal or state statutes or regulations, the more limiting or more specific standard shall apply. [Statutory Authority: 1985 c 354. 86-02-019 (Order 2323), § 275-54-170, filed 12/23/85.]

WAC 275-54-180 Outpatient component. (1) The outpatient component is defined as a setting where evaluation and treatment services are 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 living setting. Services may include, but are not limited to, day treatment and community support services provided directly by a licensed physician licensed pursuant to chapter 18.57 or 18.71 RCW, a psychologist licensed

pursuant to chapter 18.83 RCW, a psychiatric nurse licensed pursuant to chapter 18.88 RCW, or by an agency licensed pursuant to chapter 71.24 RCW and chapter 275-54 WAC.

(2) In addition to the general requirements stated in WAC 275-54-170, the following requirements shall apply to all outpatient components:

(a) 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.

(b) Such component shall provide treatment to each patient under the supervision of a mental health professional.

(c) 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.

(d) 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.

(e) 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 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.

(f) 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: 1985 c 354. 86-02-019 (Order 2323), § 275-54-180, filed 12/23/85.]

WAC 275-54-190 Emergency component. (1) The emergency component is defined as a hospital emergency room or another setting where prompt 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 275-54-170, the following requirements shall apply to all emergency components:

(a) Such component shall have the ability to respond promptly to individual crisis situations and to arrange

for admission to an inpatient component on a twenty-four-hour-per-day, seven-day-per-week basis.

(b) Such component shall have the capability to detain persons dangerous to self, dangerous to others, or gravely disabled.

(c) Such component shall have immediate access to life support systems and emergency medical services. 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-day-per-week basis. [Statutory Authority: 1985 c 354. 86-02-019 (Order 2323), § 275-54-190, filed 12/23/85.]

WAC 275-54-200 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, or one hundred eighty-day commitments.

(2) In addition to the general requirements stated in WAC 275-54-170, the following requirements shall apply to all inpatient components:

(a) The inpatient component shall meet the standards required for state licensing as a psychiatric hospital, general medical hospital, skilled nursing facility, intermediate care facility, or residential treatment facility.

(b) Such component shall have the capability to admit the patient on a twenty-four-hour-per-day, seven-day-per-week basis.

(c) 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 248-18-001 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-day-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. [Statutory Authority: 1985 c 354. 86-02-019 (Order 2323), § 275-54-200, filed 12/23/85.]

WAC 275-54-210 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 275-54-170, and the appropriate sections of WAC 275-54-180 through 275-54-220.

(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 a rule 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 which 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 may require a complete site visit of the component or components as specified in subsection (1)(b) of this section. [Statutory Authority: 1985 c 354. 86-02-019 (Order 2323), § 275-54-210, filed 12/23/85.]

WAC 275-54-220 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: 1985 c 354. 86-02-019 (Order 2323), § 275-54-220, filed 12/23/85.]

WAC 275-54-230 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.

(2) Such appeal shall:

(a) Be made in writing;

(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 appeal on decisions should be made in accordance with the Administrative Procedure Act, chapter 34.04 RCW. [Statutory Authority: 1985 c 354. 86-02-019 (Order 2323), § 275-54-230, filed 12/23/85.]

WAC 275-54-240 Involuntary evaluation and treatment costs--Seventy-two hour detentions/fourteen-day commitments. (1) Responsibility of involuntary patient.

(a) 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 354, Laws of 1985 shall be responsible for the cost of such evaluation and treatment. 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:

(i) 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.

(ii) 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.

(b) In instances where inability to pay or substantial hardship is determined for an involuntary patient pursuant to this section, 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 275-54-240 (2) and (3).

(2) Collection by agency.

(a) Definitions. For the purposes of this section:

(i) "Involuntary patient" is as defined by WAC 275-54-020.

(ii) "Title XIX" means Title XIX of the Social Security Act.

(iii) "CSO" means community services office of the department.

(b) 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.

(c) 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 or other state medical benefits in accordance with applicable mental health issuance benefits. If such patient is determined so eligible by the CSO, the agency shall bill according to the instructions set forth by the department.

(d) In the case of any involuntary patient not eligible for Title XIX benefits, the agency providing the inpatient component shall be responsible for collecting the amount the patient should participate in the treatment costs. As required by subsection (2)(c) of this section and applicable mental health issuance, the amount to be collected shall be determined by the local CSO.

(e) The agency may bill the department for the balance of costs in excess of the amount of required patient

participation determined by the local CSO. Such billing shall be subject to the following:

(i) Reimbursement is sought through the appropriate county as defined by WAC 275-54-240(3). All bills shall be verified by the county or the county's designee before forwarding by the county to the department for payment.

(ii) 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.

(f) 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.

(g) 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.

(3) Responsibility of the county.

(a) All requests for reimbursement shall be made through the county of detention which shall review and approve requests pursuant to the following:

(i) The person being billed for was in fact an involuntary patient for the period of evaluation and treatment specified.

(ii) The date of initial detention is indicated.

(iii) Date of the seventy-two-hour (probable cause) hearing is indicated.

(iv) Date of conversion to voluntary patient status is shown (if appropriate).

(v) Date of release, transfer, or discharge is shown.

(vi) Days allowed by an approved extension request are shown (if appropriate).

(vii) The "patient participation" calculation is shown on inpatient facility invoices or the patient is shown to be eligible for Medicaid or LCP-MI.

(viii) If insurance coverage is indicated, such coverage collections have been deducted.

(b) All reimbursement payments for evaluation and treatment costs for involuntary patients shall be made directly to the service-providing agency.

(c) No payments will be made to agencies not certified pursuant to WAC 275-54-170, and not a part of a county's evaluation and treatment program pursuant to WAC 275-54-160, except in the case of licensed physicians.

(d) 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.

(4) Responsibility of the department.

(a) 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 275-54-240(1), 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.

(b) The department shall reimburse the counties for increased administrative costs, if any, resulting from implementation of the provisions of the Juvenile 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.

(c) 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 1984, resulting from implementation of the provisions of the Involuntary Treatment Act, and subsequent amendments.

(d) 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.

(e) 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, 1985.

(f) 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:

(i) Emergency component services for individuals where a petition for initial detention is filed under WAC

275-54-050 within twelve hours of admission to that component.

(ii) Initial detention period including Saturdays, Sundays, holidays, and up to three judicial days.

(iii) 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.

(iv) Conditional release effected pursuant to the applicable provisions of this chapter and chapter 354, Laws of 1985. Reimbursement shall be restricted to the initial seventeen-day period.

(v) 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.

(g) 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: 1985 c 354. 86-02-019 (Order 2323), § 275-54-240, filed 12/23/85.]

WAC 275-54-250 Involuntary evaluation and treatment costs—One hundred eighty-day commitments. (1) Responsibility of involuntary patient.

(a) Payment for costs of care for an involuntary patient on a one hundred eighty-day commitment awaiting placement in a state-funded long-term inpatient facility shall be in accordance with the provisions of WAC 275-54-240.

(b) Any minor becoming an involuntary patient on a one hundred eighty-day commitment and placed in a state-funded long-term inpatient facility by the placement committee pursuant to chapter 354, Laws of 1985, or his or her estate, or his or her parents shall be responsible for the cost of such evaluation and treatment based upon a determination by the inpatient facility of ability to pay.

(c) 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:

(i) 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.

(ii) The local agency in instances where evaluation and treatment is provided by the agency and the agency is supported by, but not operated by the department.

(2) Collection by agency.

(a) Definitions.

(i) "Involuntary patient" is as defined by WAC 275-54-020(10).

(ii) "Title XIX" means Title XIX of the Social Security Act.

(iii) "CSO" means community services office of the department.

(b) 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 agencies shall make reasonable efforts to make such collection pursuant to the agency's own regulations and policies. Such efforts shall also include, but are not limited to, billing all appropriate resources of the involuntary patient, the patient's family, third-party payors, and other legally responsible persons and entities.

(c) Any involuntary patient who is a minor 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 their 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.

(d) The agency providing the long-term inpatient care shall determine the amount, if any, the patient, or his or her parents, or any responsible others should contribute to the cost of treatment. Such contributions shall be determined in accordance with the following:

(i) The agency shall have established financial screening criteria, policy, procedures, and format, and a sliding fee schedule or formula used to determine ability to contribute to the cost of inpatient care.

(ii) The financial screening criteria and the sliding fee schedule or formula shall take into consideration available income, family size, and allowable deductions.

(iii) Allowable deductions shall include unusual and exceptional circumstances and other pertinent factors as defined in WAC 275-16-075 and 275-16-085.

(iv) The agency shall establish a formal appeal policy and process allowing responsible others to appeal any financial contribution decision to the individual and agency administrative entity responsible for such decisions.

(3) Responsibility of department.

(a) The agency may bill the department for the balance of costs not collectible by actions taken in accordance with this subsection, for the care and treatment of minors on a one hundred eighty-day commitment and placed in the state-supported inpatient facility by the admissions committee.

(b) Such billing and reimbursement shall be in accordance with the instructions set forth in the department's contract for the provision of these services with the state-funded inpatient facility. [Statutory Authority: 1985 c 354. 86-02-019 (Order 2323), § 275-54-250, filed 12/23/85.]

WAC 275-54-260 Involuntary treatment program administrative costs—Seventy-two hour/fourteen-day commitment. The mental health division will establish a maintenance of effort level for each county by January 1, 1986. [Statutory Authority: 1985 c 354. 86-02-019 (Order 2323), § 275-54-260, filed 12/23/85.]

WAC 275-54-270 Involuntary treatment program transportation costs. (1) The minor or his or her parents shall be responsible for any transportation costs incurred in transporting a minor to an evaluation and treatment facility for seventy-two-hour detention, fourteen-day commitment, or initial one hundred eighty-day commitment to the custody of the secretary. Such responsibility shall be based upon a determination of ability to pay as prescribed in WAC 275-54-240.

(2) Where inability to pay has been determined by the local CSO in accordance with the provisions of WAC 275-54-240, and eligibility for federal or state medical assistance has been established in compliance with applicable mental health division issuance, the department shall be responsible for payment of transportation costs incurred in transporting the eligible minor to an evaluation and treatment facility for seventy-two-hour detention, fourteen-day commitment, or one hundred eighty-day commitment. Such payments shall be made in accordance with instructions set forth in mental health division issuance.

(3) Transportation shall be provided to involuntarily committed minors under chapter 354, Laws of 1985 by the most appropriate, safest, and most cost-effective means available. Transporting by ambulance shall be used only in those circumstances dictated by medical necessity.

(4) If a minor is released from a long-term evaluation and treatment facility and no other transportation is available, that facility shall furnish transportation to the minor's residence or other appropriate place. [Statutory Authority: 1985 c 354, 86-02-019 (Order 2323), § 275-54-270, filed 12/23/85.]

WAC 275-54-280 Involuntary treatment program--Legal costs. (1) Responsible others shall bear the costs of attorneys appointed for the minor or his or her parent if financially able according to standards set by the court of the county in which the proceeding is held.

(2) If all responsible others are indigent as determined by these standards, the costs of the legal services shall be borne by the county in which the proceeding is held. [Statutory Authority: 1985 c 354, 86-02-019 (Order 2323), § 275-54-280, filed 12/23/85.]

WAC 275-54-290 Patient rights. Absent a risk to self or others, minors treated under this chapter have the following rights, which shall be prominently posted in the evaluation and treatment facility:

- (1) To wear their own clothes and to keep and use personal possessions;
- (2) To keep and be allowed to spend a reasonable sum of their own money for canteen expenses and small purchases;
- (3) To have individual storage space for private use;
- (4) To have visitors at reasonable times;
- (5) To have reasonable access to a telephone, both to make and receive confidential calls;
- (6) To have ready access to letter-writing materials, including stamps, and to send and receive uncensored correspondence through the mail;

(7) To discuss treatment plans and decisions with mental health professionals;

(8) To have the right to adequate care and individualized treatment;

(9) Not to consent to the performance of electroconvulsive treatment or surgery, except emergency life-saving surgery, upon him or her, and not to have electroconvulsive treatment or nonemergency surgery in such circumstance unless ordered by the court pursuant to a judicial hearing in which the minor is present and represented by counsel, and the court shall appoint a psychiatrist, psychologist, or physician designated by the minor or the minor's counsel to testify on behalf of the minor. The minor's parent may exercise this right on the minor's behalf, and must be informed of any impending treatment;

(10) Not to have psychosurgery performed on him or her under any circumstances. [Statutory Authority: 1985 c 354, 86-02-019 (Order 2323), § 275-54-290, filed 12/23/85.]

WAC 275-54-300 Confidentiality. The fact of admission and all information obtained through treatment under this chapter is confidential. Confidential information may be disclosed only:

(1) In communications between mental health professionals to meet the requirements of this chapter, in the provision of services to the minor, or in making appropriate referrals;

(2) In the course of guardianship or dependency proceedings;

(3) To persons with medical responsibility for the minor's care;

(4) To the minor, the minor's parent, and the minor's attorney, subject to RCW 13.50.100;

(5) When the minor or the minor's parent designates in writing the persons to whom information or records may be released;

(6) To the extent necessary to make a claim for financial aid, insurance, or medical assistance to which the minor may be entitled or for the collection of fees or costs due to providers for services rendered under this chapter;

(7) To the courts as necessary to the administration of this chapter;

(8) To law enforcement officers or public health officers as necessary to carry out the responsibilities of their office. However, only the fact and date of admission, and the date of discharge, the name and address of the treatment provider, if any, and the last known address shall be disclosed upon request;

(9) To law enforcement officers, public health officers, appropriate relatives, and other governmental law enforcement agencies, if a minor has escaped from custody, disappeared from an evaluation and treatment facility, violated conditions of a less-restrictive treatment order, or failed to return from an authorized leave, and then only such information as may be necessary to provide for public safety or to assist in the apprehension of the minor. The officers are obligated to keep the information confidential in accordance with this chapter;

(10) To the secretary for assistance in data collection and program evaluation or research, provided the secretary adopts rules for the conduct of such evaluation and research. The rules shall include, but need not be limited to, the requirement that all evaluators and researchers sign an oath of confidentiality substantially as follows:

"As a condition of conducting evaluation or research concerning persons who have received services from (fill in the facility, agency, or person) I,, agree not to divulge, publish, or otherwise make known to unauthorized persons or the public any information obtained in the course of such evaluation or research regarding minors who have received services in a manner such that the minor is identifiable.

I recognize unauthorized release of confidential information may subject me to civil liability under state law.

/s/....."

(11) To appropriate law enforcement agencies and to a person, when the identity of the person is known to the public or private agency, whose health and safety has been threatened, or who is known to have been repeatedly harassed, by the patient. The person may designate a representative to receive the disclosure. The disclosure shall be made by the professional person in charge of the public or private agency or his or her designee and shall include the dates of admission, discharge, authorized or unauthorized absence from the agency's facility, and only such other information pertinent to the threat or harassment. The decision to disclose or not shall not result in civil liability for the agency or the agency's employees so long as the decision was reached in good faith and without gross negligence;

(12) To a minor's next-of-kin, attorney, guardian, or conservator, if any, the information that the minor is presently in the facility or that the minor is seriously physically ill and a statement evaluating the mental and physical condition of the minor as well as a statement of the probable duration of the minor's confinement;

(13) Upon the death of a minor, to the minor's next-of-kin;

(14) To a facility where the minor resides or will reside. This section shall not be construed to prohibit the compilation and publication of statistical data for use by government or researchers under standards, including standards to assure maintenance of confidentiality, set forth by the secretary. The fact of admission and all information obtained pursuant to this chapter are not admissible as evidence in any legal proceeding outside this chapter, except guardianship or dependency, without the written consent of the minor or the minor's parent;

(15) When disclosure of information on records is made, the date and circumstances, the name or names of the person or agencies to whom such disclosure was made, the relationship to the minor, if any, and the information disclosed shall be entered in the minor's clinical record. [Statutory Authority: 1985 c 354. 86-02-019 (Order 2323), § 275-54-300, filed 12/23/85.]

WAC 275-54-310 Confidentiality of court proceeding records. The records and files maintained in any

court proceeding are confidential and available only to the minor, the minor's parents, and the minor's attorney. The court may order release or use of these records if the court finds appropriate safeguards for strict confidentiality will be maintained. [Statutory Authority: 1985 c 354. 86-02-019 (Order 2323), § 275-54-310, filed 12/23/85.]

Chapter 275-55 WAC

VOLUNTARY ADMISSION--INVOLUNTARY COMMITMENT, TREATMENT AND/OR EVALUATION OF MENTALLY ILL PERSONS

WAC

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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 chapters 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 chapters 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 RCW 71.05.020(16) and 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 RCW 71.05.020(16) and 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 combination 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. 84-03-035 (Order 2065), § 275-55-020, filed 1/13/84; 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.]

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 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. 84-03-035 (Order 2065), § 275-55-161, filed 1/13/84; 82-07-024 (Order 1775), § 275-55-161, filed 3/11/82.]

WAC 275-55-263 Certification standards for evaluation and treatment program. (1) The following general requirements shall apply to any agency desiring certification as a component or components of the evaluation and treatment program:

(a) The spectrum of evaluation and treatment services provided by the agency shall include at least one of the following:

(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, community support 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 the most appropriate placement available.

(b) Admission evaluations. Within twenty-four hours of initial detention, 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. The evaluation and treatment program shall:

(i) Have available, 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 written procedures for managing assaultive and/or self-destructive patient behavior, and assure staff has access to and are familiar with these procedures.

(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.

(3) Whenever a component is also subject to licensure under other federal or state statutes or regulations, the more limiting or more specific standard shall apply. [Statutory Authority: RCW 71.05.560. 84-03-035 (Order 2065), § 275-55-263, filed 1/13/84; 82-07-024 (Order 1775), § 275-55-263, filed 3/11/82.]

WAC 275-55-271 Outpatient component. (1) The outpatient component is defined as a setting where evaluation and treatment services are 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 living setting. Services may include, but are not limited to, day treatment and community support services provided directly by a licensed physician licensed pursuant to chapter 18.57 or 18.71 RCW, a psychologist licensed pursuant to chapter 18.83 RCW, a psychiatric nurse licensed pursuant to chapter 18.88 RCW, or by an agency licensed pursuant to chapter 71.24 RCW and chapter 275-56 WAC.

(2) In addition to the general requirements stated in WAC 275-55-263(2), the following requirements shall apply to all outpatient components:

(a) 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.

(b) Such component shall provide treatment to each patient under the supervision of a mental health professional.

(c) 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.

(d) 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.

(e) 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 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.

(f) 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. 84-03-035 (Order 2065), § 275-55-271, filed 1/13/84; 82-07-024 (Order 1775), § 275-55-271, filed 3/11/82.]

WAC 275-55-281 Emergency component. (1) The emergency component is defined as a hospital emergency room or another setting where prompt 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 promptly to individual crisis situations, and to arrange for admission to an inpatient component on a twenty-four-[hour-per-day, seven-day-per-week basis].

(b) Such component shall have the capability to detain persons dangerous to self, dangerous to others, or gravely disabled.

(c) Such component shall have immediate access to life support systems and emergency medical services. 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-day-per-week basis. [Statutory Authority: RCW 71.05.560. 84-03-035 (Order 2065), § 275-55-281, filed 1/13/84; 82-07-024 (Order 1775), § 275-55-281, filed 3/11/82.]

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 275-55-291 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 standards required for state licensing as a psychiatric hospital, general medical hospital, skilled nursing facility, intermediate care facility, or residential treatment facility.

(b) Such component shall have the capability to admit the patient on a twenty-four-hour-per-day, seven-day-per-week basis.

(c) 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 248-18-001(65) 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-day-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. [Statutory Authority: RCW 71.05.560. 84-03-035 (Order 2065), § 275-55-291, filed 1/13/84; 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 275-55-331.

(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 a rule 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 which 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 may require a complete site visit of the component or components as specified in subsection (1)(b) of this section. [Statutory Authority: RCW 71.05.560. 84-03-035 (Order 2065), § 275-55-293, filed 1/13/84; 83-03-010 (Order 1935), § 275-55-293, filed 1/12/83; 82-07-024 (Order 1775), § 275-55-293, 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.

(2) Such appeal shall:

- (a) Be made in writing;
- (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 appeal on decisions should be made in accordance with the Administrative Procedure Act, chapter 34.04 RCW. [Statutory Authority: RCW 71.05.560. 84-03-035 (Order 2065), § 275-55-297, filed 1/13/84; 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 or residential treatment, and shall consider possible better, or equal treatment elsewhere, preferably within the patient's home community. [Statutory Authority: RCW 71.05.560. 84-03-035 (Order 2065), § 275-55-301, filed 1/13/84; 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 inpatient

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 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. 84-03-035 (Order 2065), § 275-55-331, filed 1/13/84; 82-07-024 (Order 1775), § 275-55-331, 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 variance 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 county-designated administrator of the evaluation and treatment program indicating the proposed waiver has been reviewed and what degree of support has been extended.

(3) The director shall grant or deny the waiver in writing, and shall so notify the applicant. This notice shall be given the applicant within sixty 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.

(4) Appeal of the denial of a waiver request shall be made in accordance with the Administrative Procedure Act, chapter 34.04 RCW.

(5) Requirements prescribed by chapter 71.05 RCW and other legislation are not subject to waiver by the director.

(6) A waiver granted by the director shall be attached to and become part of the county plan. [Statutory Authority: RCW 71.05.560. 84-03-035 (Order 2065), § 275-55-371, filed 1/13/84; 82-07-024 (Order 1775), § 275-55-371, filed 3/11/82.]

Chapter 275-60 WAC

WORKSHOPS IN INSTITUTIONS OF THE MENTAL HEALTH DIVISION

WAC

275-60-010	Purpose.
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275-60-030	Establishment of new workshops.
275-60-040	Protection of patients/clients.
275-60-050	Organization and staffing of workshops.
275-60-060	Licensing of workshops.
275-60-070	Safety and health standards for workshops.
275-60-200	Selection and assignment of patients/clients.
275-60-300	Incentive payments for patients or clients participating in workshop programs.
275-60-400	Workshop clinical records.
275-60-500	Workshop financial records.
275-60-510	Purchases of workshop equipment and materials.
275-60-520	Pricing of items for sale by workshops.

WAC 275-60-010 Purpose. These regulations are adopted pursuant to and in accordance with RCW 43.20A.445. They are adopted to provide guidelines for the operation of workshops in institutions of the mental health division. [Statutory Authority: RCW 74.05.560 [71.05.560]. 84-13-029 (Order 2112), § 275-60-010, filed 6/13/84.]

WAC 275-60-020 Definitions. (1) "Department" means the department of social and health services of the state of Washington.

(2) "Division" means the mental health division of the department of social and health services.

(3) "Director" means the director of the mental health division or his or her designee.

(4) "Institution" means an institution operated by the mental health division.

(5) "Superintendent" means the superintendent of a mental health division institution or his or her designee.

(6) "Workshop" means a transitional, time-limited work program provided by the institution on a systematic, organized basis for the purpose of developing and maintaining individual patient's or client's capacities, which provides monetary incentives to the patients or clients and produces articles for sale.

(7) "Fair value" means the sale price of articles produced by the workshop, taking into account the cost of production as determined by the institution, and the

market price of similar articles offered for sale by other sellers.

(8) "Revolving fund" means a separately maintained institutional fund allowing for accounting of workshop receipts and expenditures, apart from other institutional financial transactions. [Statutory Authority: RCW 74.05.560 [71.05.560]. 84-13-029 (Order 2112), § 275-60-020, filed 6/13/84.]

WAC 275-60-030 Establishment of new workshops. Workshops established in institutions subsequent to the enactment of RCW 43.20A.445 will be subject to the following requirements:

(1) Prior to the establishment of a new workshop, the director shall consider the availability, appropriateness, and relative cost of contracting and giving first preference to private nonprofit sheltered workshops, as defined in RCW 82.04.385, to provide workshop activities for residents of the institution.

(2) Such consideration shall include a request-for-proposal procedure to be undertaken by the director, to assess the interest and ability of private workshops to provide the service. [Statutory Authority: RCW 74.05.560 [71.05.560]. 84-13-029 (Order 2112), § 275-60-030, filed 6/13/84.]

WAC 275-60-040 Protection of patients/clients.

(1) Workshops may engage in the production of a variety of goods and services for sale, so long as the primary goal of patient/client rehabilitation is kept uppermost.

(2) Patients or clients will not be employed in any work which is unusually dangerous.

(3) Patients or clients will not be engaged in any work which is unduly physically strenuous without prior medical clearance.

(4) Patients or clients will not be employed off the institutional grounds unless prior arrangements have been made for adequate supervision.

(5) Workshops will not employ patients or clients in any activity which could reasonably be viewed as undignified or demeaning to the patients or clients.

(6) Institutions which include workshops will adopt written policies to ensure the provisions of this section are carried out. [Statutory Authority: RCW 74.05.560 [71.05.560]. 84-13-029 (Order 2112), § 275-60-040, filed 6/13/84.]

WAC 275-60-050 Organization and staffing of workshops. (1) The workshop will be organized as a separate unit of the institution, with its own full-time director.

(2) Supervisory and other staff will be assigned to the workshop in such numbers as are determined by the superintendent to be necessary to accomplish the rehabilitative purposes of the workshop program.

(3) All workshop staff will be determined to meet minimum qualifications for their specific job assignments, in accordance with department of personnel regulations and departmental regulations and policies.

(4) A regular program of in-service training shall be provided to workshop staff, in accordance with the institutional training plan.

(5) Workshops may contract with educational institutions, nonprofit organizations, or individual craftsmen for the provision of technical assistance to aid patients or clients in developing needed work skills, in accordance with procedures established by the state. [Statutory Authority: RCW 74.05.560 [71.05.560]. 84-13-029 (Order 2112), § 275-60-050, filed 6/13/84.]

WAC 275-60-060 Licensing of workshops. Workshops will comply with applicable state and local laws in respect to the securing of business licenses. [Statutory Authority: RCW 74.05.560 [71.05.560]. 84-13-029 (Order 2112), § 275-60-060, filed 6/13/84.]

WAC 275-60-070 Safety and health standards for workshops. Workshops will be operated in accordance with all state and local health, safety, fire safety, and building regulations and standards. [Statutory Authority: RCW 74.05.560 [71.05.560]. 84-13-029 (Order 2112), § 275-60-070, filed 6/13/84.]

WAC 275-60-200 Selection and assignment of patients/clients. (1) Clients to be included in workshop programs shall be selected in accordance with established institutional policies, and in conjunction with the institution's general treatment plan for the individual patient/client.

(2) Individual workshop duty assignments shall be made in consideration of the best interests of the patient or client.

(3) Patient's or client's workshop progress shall be reviewed by staff at regular intervals of no more than thirty days. [Statutory Authority: RCW 74.05.560 [71.05.560]. 84-13-029 (Order 2112), § 275-60-200, filed 6/13/84.]

WAC 275-60-300 Incentive payments for patients or clients participating in workshop programs. (1) Incentive payments for patients or clients participating in workshops shall be individually determined by the workshop director or his or her designee.

(2) Such incentive payments shall be based on a formula which takes into account the patient's or client's level of productivity, as measured by periodic comparison with staff performance on similar individual tasks, as well as measured adherence to basic work habits and compliance with the individual's institutional treatment plan and institutional regulations.

(3) The formula developed by the workshop for ascribing weights to the several factors enumerated in subsection (2) of this section shall be submitted for the approval of the director. [Statutory Authority: RCW 74.05.560 [71.05.560]. 84-13-029 (Order 2112), § 275-60-300, filed 6/13/84.]

WAC 275-60-400 Workshop clinical records.

Workshops shall maintain individual records of all patient or client workshop participation, to include at least the following:

- (1) Individual treatment plan;
- (2) Records of attendance;
- (3) Records of measurement of productivity;
- (4) Periodic progress reviews;
- (5) Records of progress in attaining basic work habits;
- (6) Records of progress in adhering to standards of personal behavior;
- (7) Reports of unusual occurrences;
- (8) Discharge summaries, to include staff recommendations regarding post-institution vocational or training plans. [Statutory Authority: RCW 74.05.560 [71.05.560]. 84-13-029 (Order 2112), § 275-60-400, filed 6/13/84.]

WAC 275-60-500 Workshop financial records.

Workshops shall maintain adequate financial records in the form approved for state agencies. Such records will include, at a minimum, the following:

- (1) Records of all purchases of materials and supplies to include documentation that such materials and supplies were purchased at fair market value or the best available price;
- (2) Records of all purchases of workshop equipment and equipment maintenance;
- (3) Records of all contractual agreements for instructional or other services;
- (4) Inventory records of unused materials and finished products awaiting sale;
- (5) Records of items sold and cash received for sales;
- (6) Records of sales tax collected for items sold;
- (7) Records of incentive payments received by individual patients or clients. [Statutory Authority: RCW 74.05.560 [71.05.560]. 84-13-029 (Order 2112), § 275-60-500, filed 6/13/84.]

WAC 275-60-510 Purchases of workshop equipment and materials. Purchases of materials and equipment for workshops shall be made in accordance with procedures established for such purchases by state agencies, and shall be subject to the procedural control of the institution's business manager. [Statutory Authority: RCW 74.05.560 [71.05.560]. 84-13-029 (Order 2112), § 275-60-510, filed 6/13/84.]

WAC 275-60-520 Pricing of items for sale by workshops. (1) Prices for workshop items shall be established by the workshop director.

(2) Prices of products to be sold on the open market shall be set at fair value, as defined within these regulations. [Statutory Authority: RCW 74.05.560 [71.05.560]. 84-13-029 (Order 2112), § 275-60-520, filed 6/13/84.]

Chapter 275-82 WAC**ADULT CORRECTIONAL INSTITUTIONS—
CLASSIFICATION OF RESIDENTS—
ADMINISTRATIVE SEGREGATION**

WAC

275-82-005 through 275-82-050 Repealed.

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

- 275-82-005 Definitions. [Order 1217, § 275-82-005, filed 6/15/77; Order 874, § 275-82-005, filed 11/16/73.] Repealed by 85-01-059 (Order 84-15), filed 12/17/84. Statutory Authority: RCW 72.01.090. Later promulgation, see chapter 137-32 WAC.
- 275-82-010 Administrative segregation. [Order 1217, § 275-82-010, filed 6/15/77; Order 874, § 275-82-010, filed 11/16/73.] Repealed by 85-01-059 (Order 84-15), filed 12/17/84. Statutory Authority: RCW 72.01.090.
- 275-82-015 Notice of meeting. [Statutory Authority: RCW 72.01.090. 78-10-055 (Order 1345), § 275-82-015, filed 9/22/78; Order 1217, § 275-82-015, filed 6/15/77; Order 874, § 275-82-015, filed 11/16/73.] Repealed by 85-01-059 (Order 84-15), filed 12/17/84. Statutory Authority: RCW 72.01.090.
- 275-82-020 Representation of resident. [Order 1217, § 275-82-020, filed 6/15/77; Order 1002, § 275-82-020, filed 1/14/75; Order 874, § 275-82-020, filed 11/16/73.] Repealed by 85-01-059 (Order 84-15), filed 12/17/84. Statutory Authority: RCW 72.01.090.
- 275-82-025 Conduct of meeting. [Statutory Authority: RCW 72.01.090. 78-10-055 (Order 1345), § 275-82-025, filed 9/22/78; Order 1217, § 275-82-025, filed 6/15/77; Order 912, § 275-82-025, filed 3/1/74; Order 874, § 275-82-025, filed 11/16/73.] Repealed by 85-01-059 (Order 84-15), filed 12/17/84. Statutory Authority: RCW 72.01.090.
- 275-82-030 Decision. [Statutory Authority: RCW 72.01.090. 78-10-055 (Order 1345), § 275-82-030, filed 9/22/78; Order 1217, § 275-82-030, filed 6/15/77; Order 874, § 275-82-030, filed 11/16/73.] Repealed by 85-01-059 (Order 84-15), filed 12/17/84. Statutory Authority: RCW 72.01.090.
- 275-82-035 Segregation status—Rights retained. [Order 1217, § 275-82-035, filed 6/15/77; Order 874, § 275-82-035, filed 11/16/73.] Repealed by 85-01-059 (Order 84-15), filed 12/17/84. Statutory Authority: RCW 72.01.090.
- 275-82-040 Appeal. [Order 1217, § 275-82-040, filed 6/15/77; Order 874, § 275-82-040, filed 11/16/73.] Repealed by 85-01-059 (Order 84-15), filed 12/17/84. Statutory Authority: RCW 72.01.090.
- 275-82-045 Review of administrative segregation status. [Order 1217, § 275-82-045, filed 6/15/77; Order 874, § 275-82-045, filed 11/16/73.] Repealed by 85-01-059 (Order 84-15), filed 12/17/84. Statutory Authority: RCW 72.01.090.
- 275-82-050 Transfer of resident. [Order 874, § 275-82-050, filed 11/16/73.] Repealed by 85-01-059 (Order 84-15), filed 12/17/84. Statutory Authority: RCW 72.01.090.

WAC 275-82-005 through 275-82-050 Repealed.
See Disposition Table at beginning of this chapter.

Chapter 275—85 WAC

RESIDENT OF ADULT CORRECTIONAL INSTITUTION ESCORTED LEAVE OF ABSENCE

WAC

275—85—005 through 275—85—050 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 275—85—005 Escorted leave of absence—Definitions. [Order 796, § 275—85—005, filed 5/10/73.] Repealed by 85—07—042 (Order 85—07), filed 3/19/85. Statutory Authority: RCW 72.01.380. Later promulgation, see WAC 137—52—010.
- 275—85—010 Escorted leave of absence—Purpose. [Order 796, § 275—85—010, filed 5/10/73.] Repealed by 85—07—042 (Order 85—07), filed 3/19/85. Statutory Authority: RCW 72.01.380. Later promulgation, see WAC 137—52—005.
- 275—85—015 Escorted leave of absence—Reasons allowed. [Order 878, § 275—85—015, filed 11/29/73; Order 796, § 275—85—015, filed 5/10/73.] Repealed by 85—07—042 (Order 85—07), filed 3/19/85. Statutory Authority: RCW 72.01.380. Later promulgation, see WAC 137—52—015.
- 275—85—020 Escorted leave of absence—Conditions. [Order 796, § 275—85—020, filed 5/10/73.] Repealed by 85—07—042 (Order 85—07), filed 3/19/85. Statutory Authority: RCW 72.01.380. Later promulgation, see WAC 137—52—020.
- 275—85—025 Escorted leave of absence—Application. [Order 796, § 275—85—025, filed 5/10/73.] Repealed by 85—07—042 (Order 85—07), filed 3/19/85. Statutory Authority: RCW 72.01.380. Later promulgation, see WAC 137—52—025.
- 275—85—030 Escorted leave of absence—Approval. [Order 796, § 275—85—030, filed 5/10/73.] Repealed by 85—07—042 (Order 85—07), filed 3/19/85. Statutory Authority: RCW 72.01.380. Later promulgation, see WAC 137—52—030.
- 275—85—035 Escorted leave of absence—Escort. [Order 796, § 275—85—035, filed 5/10/73.] Repealed by 85—07—042 (Order 85—07), filed 3/19/85. Statutory Authority: RCW 72.01.380. Later promulgation, see WAC 137—52—035.
- 275—85—040 Escorted leave of absence—Expenses. [Order 796, § 275—85—040, filed 5/10/73.] Repealed by 85—07—042 (Order 85—07), filed 3/19/85. Statutory Authority: RCW 72.01.380. Later promulgation, see WAC 137—52—040.
- 275—85—045 Escorted leave of absence—Expenses—Paid by resident. [Order 796, § 275—85—045, filed 5/10/73.] Repealed by 85—07—042 (Order 85—07), filed 3/19/85. Statutory Authority: RCW 72.01.380. Later promulgation, see WAC 137—52—045.
- 275—85—050 Escorted leave of absence—Expenses—Paid by state. [Order 796, § 275—85—050, filed 5/10/73.] Repealed by 85—07—042 (Order 85—07), filed 3/19/85. Statutory Authority: RCW 72.01.380. Later promulgation, see WAC 137—52—050.

WAC 275—85—005 through 275—85—050 Repealed.
See Disposition Table at beginning of this chapter.

Chapter 275—88 WAC

ADULT CORRECTIONAL INSTITUTIONS—DISCIPLINE

WAC

275—88—005 through 275—88—130 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 275—88—005 Purpose. [Order 849, § 275—88—005, filed 8/23/73.] Repealed by 84—17—058 (Order 84—13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137—28—005.
- 275—88—006 Definitions. [Order 1185, § 275—88—006, filed 2/3/77.] Repealed by 84—17—058 (Order 84—13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137—28—006.
- 275—88—010 Supplementary rules. [Order 1185, § 275—88—010, filed 2/3/77; Order 849, § 275—88—010, filed 8/23/73.] Repealed by 84—17—058 (Order 84—13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137—28—010.
- 275—88—015 Notification. [Order 1185, § 275—88—015, filed 2/3/77; Order 849, § 275—88—015, filed 8/23/73.] Repealed by 84—17—058 (Order 84—13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137—28—015.
- 275—88—020 Definition of misconduct. [Order 1185, § 275—88—020, filed 2/3/77; Order 849, § 275—88—020, filed 8/23/73.] Repealed by 84—17—058 (Order 84—13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137—28—020.
- 275—88—025 General infractions. [Order 1185, § 275—88—025, filed 2/3/77; Order 1031, § 275—88—025, filed 6/12/75; Order 849, § 275—88—025, filed 8/23/73.] Repealed by 84—17—058 (Order 84—13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137—28—025.
- 275—88—030 Serious infractions. [Order 1185, § 275—88—030, filed 2/3/77; Order 1060, § 275—88—030, filed 10/8/75; Order 1031, § 275—88—030, filed 6/12/75; Order 968, § 275—88—030, filed 8/29/74; Order 937, § 275—88—030, filed 5/23/74; Order 849, § 275—88—030, filed 8/23/73.] Repealed by 84—17—058 (Order 84—13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137—28—030.
- 275—88—035 Reporting to law enforcement authorities. [Order 1185, § 275—88—035, filed 2/3/77; Order 849, § 275—88—035, filed 8/23/73.] Repealed by 84—17—058 (Order 84—13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137—28—035.
- 275—88—040 Infractions—On-site adjustment. [Order 1185, § 275—88—040, filed 2/3/77; Order 849, § 275—88—040, filed 8/23/73.] Repealed by 84—17—058 (Order 84—13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137—28—040.
- 275—88—045 Infractions—Report on. [Order 849, § 275—88—045, filed 8/23/73.] Repealed by 84—17—058 (Order 84—13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137—28—045.
- 275—88—050 General infraction report—Action on report. [Order 1185, § 275—88—050, filed 2/3/77; Order 878, § 275—88—050, filed 11/29/73; Order 849, § 275—88—050, filed 8/23/73.] Repealed by 84—17—058 (Order 84—13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137—28—050.
- 275—88—055 Appeal to hearing committee. [Order 1207, § 275—88—055, filed 4/29/77; Order 1185, § 275—88—055, filed 2/3/77; Order 878, § 275—88—055, filed 11/29/73; Order 849, § 275—88—055, filed 8/23/73.] Repealed by 84—17—058 (Order 84—13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090.

- 275-88-060 Appeal to hearing committee—Composition of committee. [Statutory Authority: RCW 72.01.090. 80-06-067 (Order 1502), § 275-88-060, filed 5/22/80; Order 1185, § 275-88-060, filed 2/3/77; Order 849, § 275-88-060, filed 8/23/73.] Repealed by 84-17-058 (Order 84-13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090.
- 275-88-065 Appeal to hearing committee—Disqualification or absence of member. [Order 1185, § 275-88-065, filed 2/3/77; Order 849, § 275-88-065, filed 8/23/73.] Repealed by 84-17-058 (Order 84-13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090.
- 275-88-070 Appeal to hearing committee—Jurisdiction. [Order 1185, § 275-88-070, filed 2/3/77; Order 878, § 275-88-070, filed 11/29/73; Order 849, § 275-88-070, filed 8/23/73.] Repealed by 84-17-058 (Order 84-13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090.
- 275-88-075 Prehearing procedures—Rights of residents. [Order 1185, § 275-88-075, filed 2/3/77; Order 849, § 275-88-075, filed 8/23/73.] Repealed by 84-17-058 (Order 84-13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137-28-075.
- 275-88-080 Prehearing procedures—Restriction of resident. [Order 1185, § 275-88-080, filed 2/3/77; Order 878, § 275-88-080, filed 11/29/73; Order 849, § 275-88-080, filed 8/23/73.] Repealed by 84-17-058 (Order 84-13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137-28-080.
- 275-88-085 Hearing committee—Preparation for hearing. [Order 1185, § 275-88-085, filed 2/3/77; Order 878, § 275-88-085, filed 11/29/73; Order 849, § 275-88-085, filed 8/23/73.] Repealed by 84-17-058 (Order 84-13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137-28-085.
- 275-88-090 Conduct of hearing. [Order 1207, § 275-88-090, filed 4/29/77; Order 1185 § 275-88-090, filed 2/3/77; Order 972, § 275-88-090, filed 9/26/74; Order 878, § 275-88-090, filed 11/29/73; Order 849, § 275-88-090, filed 8/23/73.] Repealed by 84-17-058 (Order 84-13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137-28-090.
- 275-88-093 Decision of hearing committee. [Order 1185, § 275-88-093, filed 2/3/77; Order 849, § 275-88-093, filed 8/23/73.] Repealed by 84-17-058 (Order 84-13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137-28-093.
- 275-88-095 Finding of no infraction. [Order 849, § 275-88-095, filed 8/23/73.] Repealed by 84-17-058 (Order 84-13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137-28-095.
- 275-88-097 Lay advisors. [Order 1185, § 275-88-097, filed 2/3/77; Order 972, § 275-88-097, filed 9/26/74; Order 849, § 275-88-097, filed 8/23/73.] Repealed by 84-17-058 (Order 84-13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137-28-097.
- 275-88-100 Sanctions—Authority to impose. [Order 1185, § 275-88-100, filed 2/3/77; Order 1009, § 275-88-100, filed 2/13/75; Order 849, § 275-88-100, filed 8/23/73.] Repealed by 84-17-058 (Order 84-13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137-28-100.
- 275-88-105 Sanctions—Types. [Order 1185, § 275-88-105, filed 2/3/77; Order 937, § 275-88-105, filed 5/23/74; Order 849, § 275-88-105, filed 8/23/73.] Repealed by 84-17-058 (Order 84-13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137-28-105.
- 275-88-110 Sanctions—Limitations. [Statutory Authority: RCW 72.01.090. 80-06-068 (Order 1503), § 275-88-110, filed 5/22/80; Order 1185, § 275-88-110, filed 2/3/77; Order 849, § 275-88-110, filed 8/23/73.] Repealed by 84-17-058 (Order 84-13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137-28-110.
- 275-88-115 Appeal to superintendent. [Order 1185, § 275-88-115, filed 2/3/77; Order 849, § 275-88-115, filed 8/23/73.] Repealed by 84-17-058 (Order 84-13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137-28-115.
- 275-88-120 Reports to the parole board. [Order 849, § 275-88-120, filed 8/23/73.] Repealed by 84-17-058 (Order 84-13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137-28-120.
- 275-88-130 Time limitations. [Order 1185, § 275-88-130, filed 2/3/77; Order 1012, § 275-88-130, filed 2/28/75; Order 878, § 275-88-130, filed 11/29/73.] Repealed by 84-17-058 (Order 84-13), filed 8/14/84, effective 10/10/84. Statutory Authority: RCW 72.01.090. Later promulgation, see WAC 137-28-130.

WAC 275-88-005 through 275-88-130 Repealed.
See Disposition Table at beginning of this chapter.

Chapter 275-91 WAC

ADULT CORRECTIONAL INSTITUTIONS— MEDICAL CARE—HEALTH CARE

WAC

275-91-011 through 275-91-070 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 275-91-011 Medical/dental care—General policy. [Order 1252, § 275-91-011, filed 11/21/77.] Repealed by 84-16-066 (Order 84-11), filed 7/30/84, effective 9/4/84. Statutory Authority: RCW 72.01.050, 72.01.090 and 72.09.050. Later promulgation, see WAC 137-91-011.
- 275-91-021 Medical/dental services. [Order 1252, § 275-91-021, filed 11/21/77.] Repealed by 84-16-066 (Order 84-11), filed 7/30/84, effective 9/4/84. Statutory Authority: RCW 72.01.050, 72.01.090 and 72.09.050. Later promulgation, see WAC 137-91-021.
- 275-91-031 Right to refuse treatment. [Order 1252, § 275-91-031, filed 11/21/77.] Repealed by 84-16-066 (Order 84-11), filed 7/30/84, effective 9/4/84. Statutory Authority: RCW 72.01.050, 72.01.090 and 72.09.050.
- 275-91-041 Involuntary treatment—Appeals. [Order 1252, § 275-91-041, filed 11/21/77.] Repealed by 84-16-066 (Order 84-11), filed 7/30/84, effective 9/4/84. Statutory Authority: RCW 72.01.050, 72.01.090 and 72.09.050.
- 275-91-050 Use of allied health professionals. [Order 1252, § 275-91-050, filed 11/21/77.] Repealed by 84-16-066 (Order 84-11), filed 7/30/84, effective 9/4/84. Statutory Authority: RCW 72.01.050, 72.01.090 and 72.09.050. Later promulgation, see WAC 137-91-050.
- 275-91-060 Records. [Order 1252, § 275-91-060, filed 11/21/77.] Repealed by 84-16-066 (Order 84-11), filed 7/30/84, effective 9/4/84. Statutory Authority: RCW 72.01.050, 72.01.090 and 72.09.050. Later promulgation, see WAC 137-91-060.

275-91-070 Supplemental care. [Order 1252, § 275-91-070, filed 11/21/77.] Repealed by 84-16-066 (Order 84-11), filed 7/30/84, effective 9/4/84. Statutory Authority: RCW 72.01.050, 72.01.090 and 72.09.050. Later promulgation, see WAC 137-91-070.

WAC 275-91-011 through 275-91-070 Repealed.
See Disposition Table at beginning of this chapter.

Chapter 275-92 WAC

**ADULT CORRECTIONAL INSTITUTIONS--
RELEASE PROGRAMS--WORK TRAINING**

WAC

275-92-407 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

275-92-407 Supervision--Individual work release placement. [Statutory Authority: RCW 72.65.100, 81-05-001 (Order 1595), § 275-92-407, 2/5/81.] Repealed by 85-08-022 (Order 85-05), filed 4/1/85. Statutory Authority: RCW 72.65.100.

WAC 275-92-407 Repealed. See Disposition Table at beginning of this chapter.

Chapter 275-110 WAC

**IMPACT ACCOUNT--CRIMINAL JUSTICE COST
REIMBURSEMENT**

WAC

275-110-040 Institutions and eligible impacted political subdivisions.

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
(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's 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/King
(20) Canyon View group home	East Wenatchee/Douglas

Institution

- (21) Sunrise group home
- (22) Twin Rivers group home
- (23) Oakridge group home
- (24) Park Creek group home
- (25) Ridgeview group home
- (26) Western state hospital
- (27) Eastern state hospital

Cities/County

- Ephrata/Grant
- Richland/Benton
- Tacoma/Pierce
- Kittitas/Kittitas
- Yakima/Yakima
- Steilacoom/Pierce
- Medical Lake/Spokane/Spokane

- (28) Child study and treatment center

Steilacoom/Pierce

(29) For any institution not listed in this section, reimbursement shall be limited to the political subdivisions where 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 13.06.030, 13.40.210 and 72.72.040, 85-09-003 (Order 2221), § 275-110-040, filed 4/4/85. 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.]

Title 284 WAC

INSURANCE COMMISSIONER

Chapters

- 284-17 Licensing requirements and procedures.
- 284-19 Washington essential property insurance inspection and placement program.
- 284-24 Rates.
- 284-30 Trade practices.
- 284-44 Health care services contractors--Agents--Contract formats--Standards.
- 284-46 Health maintenance organizations.
- 284-52 Conversion regulation.
- 284-84 Regulation for fixed premium universal life insurance.

Chapter 284-17 WAC

LICENSING REQUIREMENTS AND PROCEDURES

WAC

- 284-17-120 Examination procedures for agents, solicitors and adjusters.
- 284-17-400 Renewal dates for agents, brokers, solicitors and adjusters.
- 284-17-410 Appointment renewal and termination procedures for insurance agents.
- 284-17-420 Appointment, affiliation and renewal procedures for licensed persons empowered to exercise the authority conferred to a corporate or firm licensee.

WAC 284-17-120 Examination procedures for agents, solicitors and adjusters. (1) The commissioner has contracted with an independent testing service for the administration of agents', solicitors', and adjusters' examinations. On and after June 1, 1982, any person desiring to take an examination for the type of license shown in subsection (2) of this section will be required