

educational development test in official GED testing centers, provided that they are not enrolled in a public, private, or home-based high school or high school completion program at the time the test is administered:

(1) Any adult, i.e., person age nineteen or over, who has not graduated from a public or private high school.

(2) Any person between the ages of fifteen and nineteen who has not graduated from a public or private high school and who has been adjudged by a school district to have a substantial and warranted reason for leaving the regular high school education program.

(3) Any student in a certified educational clinic upon completion of an individual student program in accordance with the provisions of chapter 392-185 WAC.

(4) Any person between the ages of fifteen and nineteen who has not graduated from a public or private high school, and who has completed a program of home-based instruction in compliance with RCW 28A.225.010(4) and chapter 28A.220 RCW as certified in writing by the parent(s) or legal guardian(s) who provided the home-based instruction.

[Statutory Authority: RCW 28A.305.190. 91-24-032, § 180-96-055, filed 11/27/91, effective 12/28/91. Statutory Authority: RCW 28A-.04.135. 89-01-036 (Order 21-88), § 180-96-055, filed 12/14/88.]

WAC 180-96-060 Eligibility for award of certificate of educational competence. The certificate of educational competence shall be awarded by the superintendent of public instruction to persons who achieve the minimum proficiency level on the general educational developmental test and who meet the following:

- (1) Are residents of Washington state; and
- (2) Are nineteen years of age or older on the date of issuance; or
- (3) Have been adjudged by a district as possessing a substantial and warranted reason for leaving the regular high school education program.

(4) Have completed a program of home-based instruction in compliance with RCW 28A.225.010(4) and chapter 28A.220 RCW as certified in writing by the parent(s) or legal guardian(s) who provided the home-based instruction.

[Statutory Authority: RCW 28A.305.190. 91-24-032, § 180-96-060, filed 11/27/91, effective 12/28/91. Statutory Authority: RCW 28A-.04.135. 89-01-036 (Order 21-88), § 180-96-060, filed 12/14/88.]

Title 182 WAC

HEALTH CARE AUTHORITY

Chapters

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| <p>182-08
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182-18</p> | <p>Procedures.
Eligible and noneligible employees.
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Chapter 182-08 WAC

PROCEDURES

WAC

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| <p>182-08-111
182-08-220</p> | <p>Repealed.
Advertising or promotion of SEBB sponsored benefit plans.</p> |
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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

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| <p>182-08-111</p> | <p>Medical plan options between open enrollments. [Statutory Authority: Chapter 41.05 RCW. 81-03-014 (Order 1-81), § 182-08-111, filed 1/9/81; 79-11-064 (Order 2-79), § 182-08-111, filed 10/18/79.] Repealed by 91-20-163, filed 10/2/91, effective 11/2/91. Statutory Authority: Chapter 41-.05 RCW.</p> |
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WAC 182-08-111 Repealed. See Disposition Table at beginning of this chapter.

WAC 182-08-220 Advertising or promotion of SEBB sponsored benefit plans. In order to assure equal and unbiased representation of SEBB sponsored or approved benefit plans, any promotion of these plans shall comply with the following:

(1) All materials describing plan benefits are to be prepared by or approved by the health care authority.

(2) Distribution or mailing of all plan benefit descriptions is to be performed by or under the direction of the health care authority.

(3) All media announcements or advertising by a carrier which include any mention of the "state employees benefits board," "health care authority" or any reference to coverage for "state employees or retirees" or any group of employees covered by SEBB plans, must receive the advance written approval of the HCA.

Failure to comply with these requirements may result in contract termination by the health care authority and/or health care authority refusal to consider continued or renewed contracting with the noncomplying party.

[Statutory Authority: Chapter 41.05 RCW. 91-20-163, § 182-08-220, filed 10/2/91, effective 11/2/91; 86-16-061 (Resolution No. 86-3), § 182-08-220, filed 8/5/86.]

Chapter 182-12 WAC

ELIGIBLE AND NONELIGIBLE EMPLOYEES

WAC

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| <p>182-12-115
182-12-127
182-12-130
182-12-210
182-12-215</p> | <p>Eligible employees, retirees, and dependents.
Repealed.
Retirees eligible for Medicare.
Repealed.
Continued SEBB medical/dental coverage under COBRA.</p> |
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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

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| <p>182-12-127</p> | <p>Extension of retiree dependents' eligibility. [Statutory Authority: RCW 41.05.065. 89-12-045 (Resolution No. 89-2), § 182-12-127, filed 6/2/89. Statutory Authority: RCW 41.05.010. 88-19-078 (Resolution No. 88-4), § 182-12-127, filed 9/19/88. Statutory Authority: RCW 41.05.010 and 41.05.025. 87-21-</p> |
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- 069 (Resolution No. 87-6), § 182-12-127, filed 10/19/87.] Repealed by 91-11-010, filed 5/3/91, effective 6/3/91. Statutory Authority: RCW 41.05.010 and 41.05.025.
- 182-12-210 Extended self-pay medical and dental coverage. [Statutory Authority: RCW 41.05.065. 89-12-045 (Resolution No. 89-2), § 182-12-210, filed 6/2/89. Statutory Authority: RCW 41.05.010. 88-19-078 (Resolution No. 88-4), § 182-12-210, filed 9/19/88. Statutory Authority: Chapter 41.05 RCW. 87-07-034 (Resolution No. 87-2), § 182-12-210, filed 3/13/87; 86-16-061 (Resolution No. 86-3), § 182-12-210, filed 8/5/86.] Repealed by 91-11-010, filed 5/3/91, effective 6/3/91. Statutory Authority: RCW 41.05.010 and 41.05.025.

WAC 182-12-115 Eligible employees, retirees, and dependents. The following definitions of eligible employees, retirees, and dependents of an eligible entity, as defined in WAC 182-12-111, shall apply for all SEBB approved plans except as otherwise stated in this chapter:

(1) "Permanent employees." Those who are scheduled to work at least half-time per month and are expected to be employed for more than six months. Such employees shall be eligible effective with their first day of employment.

(2) "Nonpermanent employees." Those who are scheduled to work at least half-time and are expected to be employed for no more than six months. Such employees shall be eligible effective the first day of the seventh calendar month of employment.

(3) "Seasonal employees." Those who work at least half-time per month during a designated season for a minimum of three months but less than nine months per year and who have an understanding of continued employment with their agency season after season. These employees become eligible on the first day of such employment, however, they are not eligible for the employer contribution during the break between seasons of employment.

(4) "Part-time faculty." Faculty who are employed on a quarter/semester to quarter/semester basis become eligible beginning with the second consecutive quarter/semester of half-time or more employment at one or more state institutions of higher education, provided that:

(a) For determining eligibility, spring and fall may be considered consecutive quarters/semesters; and

(b) "Half-time or more employment" will be determined based on each institution's definition of "full-time"; and

(c) At the beginning of each quarter/semester, the employers of part-time faculty shall notify, in writing, all current and newly hired part-time faculty of their potential right to benefits under this section. The employee shall have the responsibility, each quarter, to notify the employers, in writing, of the employee's multiple employment. In no case will there be a requirement for retroactive coverage or employer contribution if a part-time faculty member fails to inform all of his/her employing institutions about employment at all institutions within the current quarter; and

(d) Where concurrent employment at more than one state higher education institution is used to determine total part-time faculty employment of half-time or more, the employing institutions will arrange to prorate the cost of the employer insurance contribution based on the employment at each institution. However, if the part-time faculty member would be eligible by virtue of employment at one institution, that institution will pay the entire cost of the employer contribution regardless of other higher education employment. In cases where the cost of the contribution is prorated between institutions, one institution will forward the entire contribution monthly to SEBB; and

(e) Once enrolled, if a part-time faculty member does not work at least a total of half-time in one or more state institutions of higher education, eligibility for the employer contribution ceases.

(5) "Appointed and elected officials." Legislators are eligible on the date their term begins. All other elected and full-time appointed officials of the legislative and executive branches of state government are eligible on the date their term begins or they take the oath of office, whichever occurs first.

(6) "Judges." Justices of the supreme court and judges of the court of appeals and the superior courts become eligible on the date they take the oath of office.

(7) "Retirees and disabled employees." Eligible employees who terminate state service after becoming vested in a Washington state sponsored retirement system are eligible for retiree medical, dental and life coverages provided the person:

(a) Immediately begins receiving a monthly retirement income benefit from such retirement system; or

(b) If not retiring under the public employees retirement system (PERS), would have been eligible for a monthly retirement income benefit because of age and years of service had the person been employed under the provisions of PERS I or PERS II for the same period of employment; or

(c) Must take a lump sum benefit because their monthly benefit would have been under fifty dollars.

Employees who are permanently and totally disabled and eligible for a deferred monthly retirement income benefit are likewise eligible, provided they apply for retiree coverage before their SEBB active employee coverage ends. Persons retiring who do not have waiver of premium coverage from any SEBB life insurance plan are eligible for retiree life insurance, subject to the same qualifications as for retiree medical coverage. Retirees and disabled employees are not eligible for an employer premium contribution. The Federal Civil Service Retirement System shall be considered a Washington state sponsored retirement system for Washington State University cooperative extension service employees who hold a federal civil service appointment and who are covered under the SEBB program at the time of retirement or disability.

(8) "Eligible dependents." The following are eligible as dependents under the medical and dental plans:

(a) Lawful spouse except that as of November 1, 1991, a lawful spouse who works twenty hours or more a

week and who is eligible for coverage as a subscriber on a plan or plans offered by a K-12 school district and who has waived that coverage is not eligible for employer-paid coverage as a dependent on a SEBB plan.

(b) Dependent children through age nineteen. As used in this section, "children" includes natural children, stepchildren, legally adopted children, and married children who qualify as dependents of the employee/retiree under the Internal Revenue Code or as specified in a court order or divorce decree, and foster children approved by the health care authority. To qualify for HCA approval, a foster child must:

(i) Be living with the subscriber in a parent-child relationship;

(ii) Be dependent upon the subscriber for financial support;

(iii) Not be eligible for coverage under Medicare, Medicaid, or similar government entitlement programs; and

(iv) Not be a foster child for whom support payments are made to the subscriber through the state department of social and health services (DSHS) foster care program.

(c) Dependent children age twenty through age twenty-three who are dependent upon the employee/retiree for maintenance and support, and who are registered students in full-time attendance at an accredited secondary school, college, university, vocational school, or school of nursing. Dependent student eligibility continues year-round for those who attend three of the four school quarters and for the quarter following graduation provided the employee/retiree is covered at the same time; the dependent limiting age has not been exceeded; and the dependent meets all other eligibility requirements.

(d) Dependent children of any age who are incapable of self-support due to developmental disability or physical handicap, provided such condition occurs prior to age twenty or during the time the dependent was covered under an SEBB plan as a full-time student. Proof of such disability and dependency must be furnished prior to the dependent's attainment of age twenty or loss of eligibility for student coverage, and as periodically requested thereafter.

(e) "Dependent parents." Parents of the employee/retiree or their spouse who qualify as dependents under the Internal Revenue Code and who were covered as dependents under SEBB medical/dental plans prior to July 1, 1990, may continue SEBB coverage on a self-pay basis.

(9) Notwithstanding any of the foregoing, employees who are not mandatorily, by election, or otherwise covered by industrial insurance under Title 51 RCW shall not be considered "eligible employees" within the meaning of this section.

[Statutory Authority: Chapter 41.05 RCW. 91-14-084, § 182-12-115, filed 7/1/91, effective 7/1/91. Statutory Authority: RCW 41.05.065(3). 90-12-037, § 182-12-115, filed 5/31/90, effective 7/1/90. Statutory Authority: RCW 41.05.065. 89-12-045 (Resolution No. 89-2), § 182-12-115, filed 6/2/89; 89-01-053 (Resolution No. 88-6), § 182-12-115, filed 12/15/88. Statutory Authority: RCW 41.05.010. 88-19-078 (Resolution No. 88-4), § 182-12-115, filed

9/19/88; 88-12-034 (Resolution No. 88-1), § 182-12-115, filed 5/26/88, effective 7/1/88. Statutory Authority: Chapter 41.05 RCW. 86-21-042 (Resolution No. 86-6), § 182-12-115, filed 10/10/86; 83-12-007 (Order 2-83), § 182-12-115, filed 5/20/83; 80-05-016 (Order 2-80), § 182-12-115, filed 4/10/80; 78-08-071 (Order 5-78), § 182-12-115, filed 7/26/78; Order 5646, § 182-12-115, filed 2/9/76.]

WAC 182-12-127 Repealed. See Disposition Table at beginning of this chapter.

WAC 182-12-130 Retirees eligible for Medicare. After July 1, 1991, new retirees or covered dependents of a retiree who are eligible for Medicare must elect Medicare Parts A and B to be eligible for SEBB plan coverage.

[Statutory Authority: Chapter 41.05 RCW. 91-14-084, § 182-12-130, filed 7/1/91, effective 7/1/91; 80-05-016 (Order 2-80), § 182-12-130, filed 4/10/80; Order 4-77, § 182-12-130, filed 11/17/77; Order 5646, § 182-12-130, filed 2/9/76.]

WAC 182-12-210 Repealed. See Disposition Table at beginning of this chapter.

WAC 182-12-215 Continued SEBB medical/dental coverage under COBRA. Enrollees and eligible dependents who become ineligible for SEBB medical/dental coverage and who qualify for continued coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA), including any amendments hereinafter enacted, may continue their SEBB plan coverage by self-payment of plan premiums in accordance with COBRA statutes and regulations. Parents of an enrollee who qualify as dependents under the Internal Revenue Code and who were covered as dependents under SEBB medical/dental plans prior to July 1, 1990, shall be deemed "dependents" for purposes of COBRA coverage.

[Statutory Authority: RCW 41.05.010 and 41.05.025. 91-11-010, § 182-12-215, filed 5/3/91, effective 6/3/91.]

Chapter 182-16 WAC PRACTICE AND PROCEDURE

WAC

182-16-010	Adoption of model rules of procedure.
182-16-020	Definitions.
182-16-030	Appeals from agency decisions—Applicability.
182-16-040	Appeals—Notice of appeal contents.
182-16-050	Appeals—Hearings.

WAC 182-16-010 Adoption of model rules of procedure. The model rules of procedure adopted by the chief administrative law judge pursuant to RCW 34.05-.250, as now or hereafter amended, are hereby adopted for use by this agency. Those rules may be found in chapter 10-08 WAC. Other procedural rules adopted in this title are supplementary to the model rules of procedure. In the case of a conflict between the model rules of procedure and the procedural rules adopted in this title, the procedural rules adopted in this title shall govern.

[Statutory Authority: RCW 41.05.010 and 34.05.250. 91-14-025, § 182-16-010, filed 6/25/91, effective 7/26/91.]

WAC 182-16-020 Definitions. As used in this chapter the term:

(1) "Administrator" shall mean the administrator of the health care authority;

(2) "Agency" shall mean the health care authority;

(3) "Agent" shall mean a person, association, or corporation acting on behalf of the health care authority pursuant to a contract between the health care authority and the person, association, or corporation.

[Statutory Authority: RCW 41.05.010 and 34.05.250. 91-14-025, § 182-16-020, filed 6/25/91, effective 7/26/91.]

WAC 182-16-030 Appeals from agency decisions—Applicability. Any enrollee of a health care authority-administered insurance plan aggrieved by a decision of the agency or its agent concerning any matter related to scope of coverage, denials of claims, determinations of eligibility, or cancellations or nonrenewals of coverage may obtain administrative review of such decision by filing a notice of appeal with the administrator of the health care authority. Review of decisions made by HMOs or similar health care contractors will be pursuant to the grievance/arbitration provisions of those plans and are not subject to these rules. Except that decisions concerning eligibility determinations are reviewable only by the health care authority.

[Statutory Authority: RCW 41.05.010 and 34.05.250. 91-14-025, § 182-16-030, filed 6/25/91, effective 7/26/91.]

WAC 182-16-040 Appeals—Notice of appeal contents. Any person aggrieved by a decision of the health care authority may appeal that decision by filing a notice of appeal with the administrator. The notice of appeal must contain:

(1) The name and mailing address of the enrollee;

(2) The name and mailing address of the appealing party;

(3) The name and mailing address of the appealing party's representative, if any;

(4) A statement identifying the decision appealed from and that portion of the decision considered unjust or unlawful;

(5) A clear and concise statement of facts in support of appealing party's position;

(6) A statement indicating whether the aggrieved person desires a hearing;

(7) The type of relief sought;

(8) A statement that the appealing party has read the notice of appeal and believes the contents to be true, followed by his/her signature and the signature of his/her representative, if any;

(9) The appealing party shall file, personally or by mail, with the health care authority the original and two copies of the notice of appeal. The notice of appeal must be received by the health care authority within sixty days after the decision of the agency staff was mailed to the appealing party. The agency shall acknowledge receipt of the copies filed with the agency and the agency's stamp placed upon such copies shall be prima facie evidence of the date of receipt;

(10) Within thirty days after receipt of notice of appeal, the agency shall notify the appellant of any obvious errors or omissions, and request any additional information.

[Statutory Authority: RCW 41.05.010 and 34.05.250. 91-14-025, § 182-16-040, filed 6/25/91, effective 7/26/91.]

WAC 182-16-050 Appeals—Hearings. (1) If, in his/her notice of appeal, the person aggrieved does not request a hearing on the matter, the administrator or his/her designee shall consider all information submitted by the parties and render a decision which shall be deemed the final decision of the agency. A copy of that decision accompanied by a written statement of the reasons for the decision shall be served upon the enrollee or person aggrieved and the agency staff or agent who rendered the decision appealed from.

(2) If, in his/her notice of appeal the person aggrieved requests a hearing, the agency shall set the time and place of the hearing and give not less than seven days notice to all parties and persons who have filed written petitions to intervene.

(3) The administrator or his/her designee shall preside at all hearings resulting from the filings of appeals.

(4) All hearings shall be conducted in compliance with these rules, chapter 34.05 RCW and chapter 10-08 WAC as applicable.

(5) Following completion of the hearing, the administrator or his/her designee shall render a decision which shall be the final decision of the agency. A copy of that decision accompanied by a written statement of the reasons for the decision shall be served on all parties and persons who have intervened.

[Statutory Authority: RCW 41.05.010 and 34.05.250. 91-14-025, § 182-16-050, filed 6/25/91, effective 7/26/91.]

Chapter 182-18 WAC

GENERAL REQUIREMENTS FOR ALL ORGAN TRANSPLANT PROGRAMS

WAC

182-18-005	Purpose.
182-18-010	Transplant program.
182-18-020	New programs.
182-18-030	Pediatric programs.
182-18-040	Transplant team training and experience.
182-18-050	Multiple organ transplants.
182-18-060	Institutional commitment.
182-18-070	Patient management.
182-18-080	General recipient selection criteria for all organs.
182-18-090	Liver transplant program.
182-18-100	Liver transplant team training and experience.
182-18-110	Kidney transplant program.
182-18-120	Kidney transplant team training and experience.
182-18-130	Pancreas transplant program.
182-18-140	Pancreas transplant team training and experience.
182-18-150	Heart and/or heart-lung transplant program.
182-18-160	Heart and/or heart-lung transplant team training and experience.

WAC 182-18-005 Purpose. The purpose of this chapter is to establish general requirements for all organ transplant programs and specific requirements for liver,

kidney, pancreas, heart and heart-lung transplant programs. Organ transplant programs must at a minimum meet the criteria outlined in the following sections to be eligible to receive payment for services which are provided to persons covered by the state's uniform medical plan.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-005, filed 8/20/91, effective 9/20/91.]

WAC 182-18-010 Transplant program. (1) The transplant program must be a current member of the United Network for Organ Sharing (UNOS).

(2) The program must have a transplant surgeon and a transplant physician on site who meet both the certification requirements and the specific training and experience requirements for the applicable organ.

(3) The program must have two or more years of experience with transplantation of the applicable organ and must meet the organ-specific volume and outcome requirements.

(4) For patients transplanted from 1985 and after the program must demonstrate actual one-year and two-year patient survival rates that exceed the national averages¹. If the program's survival rates fall below the national averages, the program must demonstrate that this is related to patient severity (resulting from transplantation of unusually high-risk patients or similar factors). In lieu of actual survival rates, programs may provide actuarial one-year and two-year patient survival rates using the Kaplan-Meier technique.

¹ For liver transplants, the program must demonstrate one-year and two-year patient survival rates that exceed the national averages for patients transplanted from October 1987 and after.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-010, filed 8/20/91, effective 9/20/91.]

WAC 182-18-020 New programs. The "new program" requirement will only apply to abdominal transplant programs, i.e., kidney, liver, and pancreas. Heart and heart-lung programs will not be considered for "new program" status. In addition, thoracic transplant experience (e.g., heart and heart-lung) will not be recognized as adequate experience for establishing a "new program" for abdominal organs.

(1) If the program has less than two years experience with the applicable organ it must meet the following requirements to be considered a "new program":

(a) The program must have two or more years of transplant experience with another organ.

(b) The program must have performed fifty or more transplants of the other organ, i.e., fifty kidney transplants, fifty liver transplants, or fifty pancreas transplants, but not a combination. At least ten of the fifty transplants must have been performed in the past year.

(c) For patients transplanted from 1985 and after the program must demonstrate actual one-year and two-year patient survival rates that exceed the national averages¹. If the program's survival rates fall below the national averages, the program must demonstrate that

this is related to patient severity (resulting from transplantation of unusually high-risk patients or similar factors). In lieu of actual survival rates, programs may provide actuarial one-year and two-year patient survival rates using the Kaplan-Meier technique.

(d) The program must have a transplant surgeon and a transplant physician on site who meet the specific training and experience requirements for the applicable organ.

(e) The program must have performed four transplants of the applicable organ within a two-month period, with acceptable outcomes.

(2) A program that meets these requirements will be considered a "new program."

¹ For liver transplants, the program must demonstrate one-year and two-year patient survival rates that exceed the national averages for patients transplanted from October 1987 and after.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-020, filed 8/20/91, effective 9/20/91.]

WAC 182-18-030 Pediatric programs. (1) Pediatric programs that fail to meet the organ-specific volume requirements, but meet all other requirements, will be considered on a provisional basis, provided they meet the following criteria:

(a) The pediatric program is closely affiliated with an adult program.

(b) The pediatric program shares its primary transplant surgeon with the affiliated adult program.

(c) The program has performed a minimum volume of pediatric transplants with acceptable outcomes. The organ-specific minimum volumes will be at least: Three pediatric heart or heart-lung transplants; four pediatric liver transplants; two pediatric kidney transplants; and two pediatric pancreas transplants.

(2) Pediatric programs that meet these requirements may combine their volumes and outcomes with their affiliated adult program.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-030, filed 8/20/91, effective 9/20/91.]

WAC 182-18-040 Transplant team training and experience. (1) The primary transplant surgeon(s) must be certified by the American Board of Surgery or the American Board of Urology or its equivalent.

(2) The primary transplant physician(s) must be certified by the American Board of Internal Medicine or its equivalent.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-040, filed 8/20/91, effective 9/20/91.]

WAC 182-18-050 Multiple organ transplants. Coverage for multiple organ transplants other than heart-lung transplants will be carefully evaluated on a case-by-case basis by the health care authority and its medical advisors.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-050, filed 8/20/91, effective 9/20/91.]

WAC 182-18-060 Institutional commitment. (1) The hospital or medical center must allocate adequate

resources to the transplant program including, but not limited to, the following: Funding; surgical beds; operating and recovery room resources; and intensive care resources.

(2) The hospital or medical center must provide an adequate level of collaborative support from physicians and ancillary health professionals in the fields of: Anesthesiology; hematology; immunology; infectious diseases; nursing; organ procurement; oncology; pathology; pediatrics (if appropriate); physical medicine and rehabilitation; pulmonary medicine and respiratory support; radiology; social services and tissue typing.

(3) The program must have a nursing team that is trained in managing the special problems of immunosuppressed patients.

(4) The program must have an anesthesia team that is available at all times.

(5) Adequate blood bank services must be available to provide large quantities of blood on short notice.

(6) The program must have adequate plans for organ procurement.

(7) The program must have adequate malpractice and liability insurance.

(8) The program must conduct regular quality assurance evaluations.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-060, filed 8/20/91, effective 9/20/91.]

WAC 182-18-070 Patient management. (1) The program must have patient assessment and management protocols that address the following phases of treatment: Waiting; hospitalization; post-discharge; and long-term management.

(2) The program must have established plans or procedures for managing patient complications and must demonstrate their capacity to respond immediately to patient emergencies.

(3) The program must have plans for maintaining adequate communication with referring physicians.

(4) The program must have plans for communicating with and educating the patient and family during the following phases of treatment: Waiting; hospitalization; post-discharge; and long-term management.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-070, filed 8/20/91, effective 9/20/91.]

WAC 182-18-080 General recipient selection criteria for all organs. (1) The transplant program must have established selection procedures and written criteria for determining the suitability of patients for transplantation. The procedures and criteria must ensure that candidates are selected in a fair manner.

(2) The transplant program's selection criteria must include generally accepted indications and contraindications that are specific to the applicable organ.

(3) The program's selection criteria must include the following, or similar, considerations:

(a) The candidate must be selected based on critical medical need and maximum likelihood of a successful outcome.

(b) The candidate must be emotionally stable with a realistic attitude demonstrated to the past and current illness. The patient must be capable of following a complex medical regimen for the rest of his/her life, after transplantation.

(c) The candidate must have the social and/or family support needed for him/her to adhere to the complex post-operative treatment program.

(4) When persons covered by the Washington state uniform medical plan are considered for candidacy, the program must submit completed patient evaluations to the Washington state health care authority.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-080, filed 8/20/91, effective 9/20/91.]

WAC 182-18-090 Liver transplant program. (1) The program must have performed a minimum of twenty liver transplants. At least ten of the twenty operations must have been performed in the past year.

(2) The hospital or medical center must provide an adequate level of collaborative support from physicians and ancillary health professionals in the field of hepatology.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-090, filed 8/20/91, effective 9/20/91.]

WAC 182-18-100 Liver transplant team training and experience. (1) The primary transplant surgeon must have at least one year of formal training and one year of experience in performing liver transplants at a program that meets UNOS training requirements for livers. Training must have followed the residency or fellowship for the appropriate board certification. Experience must include preoperative assessment, post-operative management and operation as a primary surgeon for an optimum of twelve or more and a minimum of six liver transplants.

(2) In lieu of the above, the primary transplant surgeon must have three or more years of experience which include preoperative assessment, post-operative management and operation as a primary surgeon for an optimum of thirty-six or more and a minimum of eighteen liver transplants. Experience must have been acquired in a program that meets UNOS membership criteria.

(3) The primary transplant physician must have one year of formal training in transplantation medicine in a program that meets UNOS membership criteria. Training must have followed the residency or fellowship for the appropriate board certification. Training must include preoperative and post-operative patient care for an optimum of twelve or more and a minimum of six liver transplants.

(4) In lieu of the above, the primary transplant physician must have a minimum of two years of experience in transplantation medicine in a program that meets UNOS membership criteria. Experience must include patient care responsibility during the preoperative and post-operative period for an optimum of twenty-four or more and a minimum of twelve liver transplants.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-100, filed 8/20/91, effective 9/20/91.]

WAC 182-18-110 Kidney transplant program. (1) The program must have performed a minimum of thirty kidney transplants. At least ten of the thirty operations must have been performed in the past year.

(2) The hospital or medical center must provide an adequate level of collaborative support from physicians and ancillary health professionals in the field of nephrology.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-110, filed 8/20/91, effective 9/20/91.]

WAC 182-18-120 Kidney transplant team training and experience. (1) The primary transplant surgeon must have at least one year of formal training and one year of experience in performing kidney transplants at a program that meets UNOS training requirements for kidney transplants. Training must have followed the residency or fellowship for the appropriate board certification. Experience must include preoperative assessment, post-operative management and operation as a primary surgeon for an optimum of twenty or more and a minimum of ten kidney transplants.

(2) In lieu of the above, the primary transplant surgeon must have three or more years of experience which include preoperative assessment, post-operative management and operation as a primary surgeon for an optimum of sixty or more and a minimum of thirty kidney transplants. Experience must have been acquired in a program that meets UNOS membership criteria.

(3) The primary transplant physician must have one year of formal training in transplantation medicine in a program that meets UNOS membership criteria. Training must have followed the residency or fellowship for the appropriate board certification. Training must include preoperative and post-operative patient care for an optimum of twenty or more and a minimum of ten kidney transplants.

(4) In lieu of the above, the primary transplant physician must have a minimum of two years of experience in transplantation medicine in a program that meets UNOS membership criteria. Experience must include patient care responsibility during the preoperative and post-operative period for an optimum of forty or more and a minimum of twenty kidney transplants.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-120, filed 8/20/91, effective 9/20/91.]

WAC 182-18-130 Pancreas transplant program. (1) The program must have performed a minimum of fifteen pancreas transplants. At least ten of the fifteen operations must have been performed in the past year.

(2) The hospital or medical center must provide an adequate level of collaborative support from physicians and ancillary health professionals in the field of endocrinology.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-130, filed 8/20/91, effective 9/20/91.]

WAC 182-18-140 Pancreas transplant team training and experience. (1) The primary transplant surgeon must have at least one year of formal training and one

year of experience in performing pancreas transplants at a program that meets UNOS training requirements for pancreas transplants. Training must have followed the residency or fellowship for the appropriate board certification. Experience must include preoperative assessment, post-operative management and operation as a primary surgeon for an optimum of ten or more and a minimum of five pancreas transplants.

(2) In lieu of the above, the primary transplant surgeon must have three or more years of experience which include preoperative assessment, post-operative management and operation as a primary surgeon for an optimum of thirty or more and a minimum of fifteen pancreas transplants. Experience must have been acquired in a program that meets UNOS membership criteria.

(3) The primary transplant physician must have one year of formal training in transplantation medicine in a program that meets UNOS membership criteria. Training must have followed the residency or fellowship for the appropriate board certification. Training must include preoperative and post-operative patient care for an optimum of ten or more and a minimum of five pancreas transplants.

(4) In lieu of the above, the primary transplant physician must have a minimum of two years of experience in transplantation medicine in a program that meets UNOS membership criteria. Experience must include patient care responsibility during the preoperative and post-operative period for an optimum of twenty or more and a minimum of ten pancreas transplants.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-140, filed 8/20/91, effective 9/20/91.]

WAC 182-18-150 Heart and/or heart-lung transplant program. (1) The program must be approved by Medicare and must have performed a minimum of thirty-six heart and/or heart-lung transplants. At least twelve operations must have been performed in each of the past two years.

(2) The hospital or medical center must provide an adequate level of collaborative support from physicians and ancillary health professionals in the fields of cardiology, pulmonary medicine, and cardiovascular surgery.

(3) The hospital or medical center must have an active cardiovascular medical and surgical program. General indicators of this type of program would be a minimum of five hundred cardiac catheterizations and coronary arteriograms annually, with the ability and willingness to do these procedures on an emergency basis and a surgical group that has demonstrated low mortality rates in an active open heart surgical program involving at least two hundred fifty procedures a year.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-150, filed 8/20/91, effective 9/20/91.]

WAC 182-18-160 Heart and/or heart-lung transplant team training and experience. Training and experience requirements for the primary heart or heart-lung transplant surgeon can be met as follows:

(1) The primary transplant surgeon must be certified by the American Board of Thoracic Surgery or its equivalent.

(2) Training and experience during the applicant's cardiothoracic residency:

(a) The individual performed as primary surgeon twenty or more heart or heart-lung transplant procedures (application should be supported by operative notes) during his/her cardiothoracic fellowship.

(b) The individual has been involved in all levels of heart transplantation and patient care including donor selection, organ procurement, recipient selection, post-operative hemodynamic care, post-operative immunosuppressive therapy, and outpatient follow-up.

(c) The individual has a letter from the director of the training program verifying that the fellow has met the above requirements and that the fellow is qualified to direct a cardiac transplant program.

(d) The above training was at a medical center with a cardiothoracic training program that is approved by the American Board of Thoracic Surgery or, in the case of foreign training, by the UNOS Membership and Professional Standards Committee.

(3) When the training and experience requirements for the transplant surgeon have not been met during one's cardiothoracic residency, they can be met during a subsequent twelve-month cardiac transplant fellowship if all the following conditions are met:

(a) The fellow performed as primary surgeon twenty or more heart or heart-lung transplant procedures (application must be supported by operative notes) during his/her cardiac transplant fellowship.

(b) The fellow has been involved in all levels of heart transplantation and patient care including donor selection, organ procurement, recipient selection, post-operative hemodynamic care, post-operative immunosuppressive therapy, and outpatient follow-up.

(c) The fellow has a letter from the director of the training program verifying that the fellow has met the above requirements, and that the fellow is qualified to direct a cardiac transplant program.

(d) The above training was at a medical center with a cardiothoracic training program that is approved by the American Board of Thoracic Surgery and/or the UNOS Membership and Professional Standards Committee, or in the case of a foreign transplant center, one that has been reviewed by UNOS to assure that the program's overall training experience is acceptable.

(4) If the transplant surgeon requirements have not been met, as outlined above, in a cardiothoracic residency or heart transplant fellowship, they can be met by experience if the following conditions are met:

(a) The surgeon performed as primary surgeon, over a minimum of two or a maximum of three years, twenty or more heart or heart-lung transplant procedures at a UNOS member heart transplant program or its foreign equivalent (application should be supported by operative notes; transplants performed during board qualifying surgical residency do not count).

(b) The surgeon has been involved in all levels of heart transplantation and patient care including donor

selection, organ procurement, recipient selection, post-operative hemodynamic care, post-operative immunosuppressive therapy, and outpatient follow-up.

(c) The surgeon has a letter from the director of this UNOS transplant program verifying that the surgeon has met the above requirements, and is qualified to direct a cardiac transplant program.

(5) The primary transplant physician must have one year of formal training in transplantation medicine in a program that meets UNOS membership criteria. Training must have followed the residency or fellowship for the appropriate board certification. Training must include preoperative and post-operative patient care for an optimum of fifteen or more and a minimum of seven heart and/or heart-lung transplants.

(6) In lieu of the above, the primary transplant physician must have a minimum of two years of experience in transplantation medicine in a program that meets UNOS membership criteria. Experience must include patient care responsibility during the preoperative and post-operative period for an optimum of thirty or more and a minimum of fourteen heart and/or heart-lung transplants.

[Statutory Authority: Chapter 41.05 RCW. 91-17-043, § 182-18-160, filed 8/20/91, effective 9/20/91.]

Title 192 WAC EMPLOYMENT SECURITY DEPARTMENT

Chapters

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Chapter 192-12 WAC SUBSTANTIVE RULES

WAC

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192-12-330

Predetermination procedure—Separation issue.

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Definitions relating to RCW 50.04.140.

WAC 192-12-300 Mailing addresses for notice to employer. Notices to employers mailed as required in RCW 50.20.150 and WAC 192-12-310 will be mailed as follows:

(1) The notice to the last employer of the claimant will be mailed to the address provided by the claimant.

(2) The notice to any base year employer who has reported wages to the department will be mailed to the mailing address of record of the employer provided by the employer for tax purposes.

(3) The notice to any other employer from whom the claimant has a potentially disqualifying separation