sion, in person or in writing, personally or through a representative, any information or argument in opposition to debarment and/or disqualification. This information may disqualify the debarment and disqualification officer’s formal, written findings of substantial and material noncompliance, identify any remedial measure or mitigating factors, or both.

(2) If, within thirty days of receipt of the information submitted pursuant to subsection (1) of this section, the commission or its designee(s) determine that there is a dispute regarding one or more material facts, the commission will appoint a hearing officer to hold a hearing in accordance with WAC 262-03-080 and authorize the hearing officer to grant appropriate relief upon review. Such hearing will take place within ninety days of the receipt of the information submitted pursuant to subsection (1) of this section and the respondent will receive no less than seven days’ advance written notice indicating the time and place for the hearing.

(3) If, within twenty days of receipt of the information submitted pursuant to subsection (1) of this section, the commission or its designee(s) determine that there is no dispute regarding any material facts, the commission or its designee(s) will issue a written order without appointing a hearing officer and without holding a hearing on the matter. The order will include a brief statement of the commission or its designee(s) reasons for the determination and a statement of the availability of hearings and appeals procedures and time limits pursuant to WAC 262-03-080 and 262-03-090.

[Statutory Authority: Chapter 43.180 RCW. 97-16-019, § 262-03-070, filed 7/28/97, effective 8/28/97.]

WAC 262-03-080 Hearing procedures. (1) Any hearing pursuant to WAC 262-03-070(2) will be conducted by the hearing officer appointed by the commission.

(2) The respondent may personally appear at the hearing, appear through a duly authorized representative and/or be represented by legal counsel. The respondent, representative or legal counsel will be given a full opportunity to submit and respond to papers and pleadings, to present evidence and argument, and to conduct cross-examination of witnesses.

(3) Following the hearing, the hearing officer will determine the facts by a preponderance of the evidence, issue written findings of fact, and issue a written order. The order will include a brief statement of the hearing officer’s findings and order and a statement about the availability and time limits of appeals procedures pursuant to WAC 262-03-090.

[Statutory Authority: Chapter 43.180 RCW. 97-16-019, § 262-03-080, filed 7/28/97, effective 8/28/97.]

WAC 262-03-090 Appeals procedures. Any order issued pursuant to WAC 262-03-070(3) or 262-03-090(3) may be appealed to the full commission in accordance with the following procedures:

(1) The appeal must be in writing, signed, and received by the chair of the commission no later than ten business days after the respondent receives an order pursuant to WAC 262-03-070(3) or 262-03-080(3).

(2) The appeal must describe why the respondent believes the order pursuant to WAC 262-03-070(3) or 262-03-080(3) is erroneous, identify information in the record that the respondent would like the commission to consider, and specify a desired remedy. The commission will not entertain any claim on appeal that has not first been asserted under WAC 262-03-070 or 262-03-080. An order issued pursuant to WAC 262-03-070(3) or 262-03-080(3) will be presumed to be correct and the respondent has the burden of showing that the order is not supported by substantial evidence.

(3) The commission will schedule a meeting or set aside time during a scheduled meeting to hear appeals. Respondents appealing will receive at least seven days’ advance written notice of the time and place of this meeting. The respondent may personally appear at the meeting, appear through a duly authorized representative and/or be represented by legal counsel. The respondent, representative or legal counsel will be given an opportunity to present oral argument to the commission. No witnesses may be examined.

(4) The commission will issue an appeals decision or a statement specifying the date that a decision will be issued, after hearing oral arguments, if any, but within forty-five days after receipt of the appeal. Any commission appeals decision announced orally will be confirmed in writing. The commission’s written decision is a final order that is binding on the respondent and other parties. The decision will include notice that judicial review may be available.

(5) Judicial review of any final order of the commission is governed by RCW 34.05.570. In accordance with RCW 34.05.534, any person seeking judicial review first must exhaust the administrative remedies set forth in these procedures.

[Statutory Authority: Chapter 43.180 RCW. 97-16-019, § 262-03-090, filed 7/28/97, effective 8/28/97.]

Title 275 WAC
SOCIAL AND HEALTH SERVICES, DEPARTMENT OF (INSTITUTIONS)

Chapters
275-27 Division of developmental disabilities services rules.
275-30 Juvenile parole revocation.
275-33 Transfer of juvenile offender to the department of corrections.
275-46 Security classification.
275-48 Payments to persons released from correctional institutions.
275-60 Workshops in institutions of the mental health division.
275-76 Adult correctional institutions—Detainer.
275-80 Adult correctional institutions—Visits.
275-150 Referendum 37 funding of facilities for the care, training, and rehabilitation of persons with sensory, physical, or mental handicaps.

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275-155 Sexual predator program—Special commitment—Escorted leave.

Chapter 275-27 WAC
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES RULES

WAC
275-27-023 Exemptions.
275-27-220 Family support services.
275-27-221 Repealed.
275-27-222 Service need level rates.
275-27-223 Service need levels.
275-27-400 Notification.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

Statutory Authority: RCW 71A.12.030, 71A.12.040 and Title 71A RCW.

WAC 275-27-023 Exemptions. (1) The department may approve an exemption to a specific rule in this chapter as defined under WAC 275-27-020(7) provided an:
(a) Assessment of the exemption shall not undermine the legislative intent of Title 71A RCW; and
(b) Evaluation of the exemption request shows granting the exemption shall not adversely effect the quality of the services, supervision, health, and safety of department-served persons.
(2) Agencies and individual providers shall retain a copy of each department-approved exemption.
(3) Exemption requests are not subject to appeal.


WAC 275-27-220 Family support services. (1) The purpose of the family support program is to:
(a) Reduce or eliminate the need for out-of-home residential placement of a client where the in-home placement is in the client’s best interest;
(b) Allow a client to live in the most independent setting possible; and
(c) Have access to services best suited to a client’s needs.
(2) The department’s family support services shall include, the following services:
(a) Respite care, including the use of community activities which provide respite;
(b) Attendant care;
(c) Nursing services provided by a registered nurse or licensed practical nurse, that cannot be provided by an unlicensed caregiver, including but not limited to, ventilation, catheterization, insulin injections, etc., when not covered by another resource;
(d) Therapeutic services, provided these therapeutic services are not covered by another resource such as medic-aid, private insurance, public schools, or child development services funding, including:
(i) Physical therapy;
(ii) Occupational therapy;
(iii) Behavior management therapy; and
(iv) Communication therapy; or
(v) Counseling for the client relating to a disability.
(3) Up to nine hundred dollars of the service need level amount in WAC 275-27-222 may be used during a one year period for flexible use as follows. The requested service must be necessary as a result of the disability of the client.
(a) Training and supports including parenting classes and disability related support groups;
(b) Specialized equipment and supplies including the purchase, rental, loan or refurbishment of specialized equipment or adaptive equipment not covered by another resource including Medicaid. Mobility devices such as walkers and wheelchairs are included, as well as communication devices and medical supplies such as diapers for those more than three years of age;
(c) Environmental modification including home repairs for damages, and modifications to the home needed because of the disability of the client;
(d) Medical/dental services not covered by any other resource. This may include the payment of insurance premiums and deductibles and is limited to the premiums and deductibles of the client;
(e) Special formulas or specially prepared foods needed because of the disability of the client;
(f) Parent/family counseling dealing with a diagnosis, grief and loss issues, genetic counseling and behavior management;
(g) Specialized clothing adapted for a physical disability, excessive wear clothing, or specialized footwear;
(h) Specialized utility costs including extraordinary supplemental utility costs related to the client’s disability or medical condition;
(i) Transportation costs for gas or tickets (ferry fare, transit cost) for a client to get to essential services and appointments, if another resource is not available;
(j) Other services approved by the DDD regional administrator or designee that will replace or reduce ongoing departmental expenditures and will reduce the risk of out-of-home placement. Exemption requests under this section are not subject to appeal.
(4) Recommendations will be made to the regional administrator by a review committee. The regional administrator will approve or disapprove the request and will communicate reasons for denial to the committee.
(5) Payment for services specified in subsection (3), except (3)(a) and (h), shall cover only the portion of cost attributable to the client.
(6) Requests must be received by DDD no later than midway through the service authorization period unless circumstances exist justifying an emergency.
(7) A plan shall be developed jointly by the family and the department for each service authorization period. The department may choose whether to contract directly with the vendor, to authorize purchase by another agency, or may reimburse the parent of the client.
(8) Emergency Services. Emergency funds may be requested for use in response to a single incident or situation

[1998 WAC Supp—page 680]
or short term crisis such as care giver hospitalization, absence, or incapacity. The request shall include anticipated resolution of the situation. Funds shall be provided for a limited period not to exceed two months. All requests are to be reviewed and approved or denied by the regional administrator or designee.

(9) A departmental service authorization shall state the type, amount, and period (duration) of service. Each department authorization shall constitute a new service for a new period.

(10) If the client becomes eligible and begins to receive Medicaid Personal Care services as defined in WAC 388-15-880 through 388-15-890, the family support funding will be reduced at the beginning of the next month of service. The family will receive notice of the reconfiguration of services at least five working days before the beginning of the month.

(11) If requested family support services are not authorized, such actions shall be deemed a denial of services.

(12) Family support services may be authorized below the amount requested by the family for the period. When, during the authorized service period, family support services are reduced or terminated below the amount specified in service authorizations, the department shall deem such actions as a reduction or termination of services.


WAC 275-27-221 Repealed. See Disposition Table at beginning of this chapter.

WAC 275-27-222 Service need level rates. (1) The department shall base periodic service authorizations on:

(a) Requests for family support services described in WAC 275-27-220(2) of this section;

(b) Service need levels as described in WAC 275-27-220(3) of this chapter. Service need level lid amounts are as follows:

(i) Clients designated for service need level one (WAC 275-27-223) may receive up to nine hundred fifty-one dollars per month or two thousand three hundred forty-one dollars per month if the client requires licensed nursing care in the home:

(A) If a client is receiving funding through Medicaid Personal Care or other DSHS in-home residential support, the maximum payable through family support shall be four hundred twenty-one dollars per month;

(B) If the combined total of family support services at this maximum plus in-home support is less than three hundred seventy-six dollars, additional family support can be authorized to bring the total to three hundred seventy-six dollars.

(ii) Clients designated for service need level two may receive up to three hundred seventy-six dollars per month if not receiving funding through Medicaid personal care:

(A) If a client is receiving funds through Medicaid personal care or other DSHS in-home residential support service, the maximum receivable through family support shall be two hundred eleven dollars per month;

(B) If the combined total of family support services at this maximum plus in-home support is less than three hundred seventy-six dollars, additional family support can be authorized to bring the total to three hundred seventy-six dollars.

(iii) Clients designated for service need level three may receive up to two hundred eleven dollars per month provided the client is not receiving Medicaid personal care. If the client is receiving Medicaid personal care or other DSHS in-home residential support service, the maximum receivable through family support shall be one hundred six dollars per month; and

(iv) Clients designated for service level four may receive up to one hundred six dollars per month family support services.

(c) Availability of family support funding;

(d) Authorization by a review committee, in each regional office, which reviews each request for service;

(e) The amounts designated in subsection (1)(b)(i) through (iv) of this section are subject to periodic increase if vendor rate increases are mandated by the legislature.

(2) The department shall authorize family support services contingent upon the applicant providing accurate and complete information on disability-related requests.

(3) The department shall ensure service authorizations do not exceed maximum amounts for each service need level based on the availability of funds.

(4) The department shall not authorize a birth parent, adoptive parent, or stepparent living in the same household as the client as the direct care provider for respite, attendant, nursing, therapy, or counseling services for a child seventeen years of age or younger.


WAC 275-27-223 Service need levels. (1) The department shall use service need levels to determine periodic family support service authorizations.

(2) The department shall determine service need levels in order of priority for funding as follows:

(a) Service need level 1: Client is at immediate risk of out-of-home placement without the provision of family support services. The client needs intensive residential support to assist the client's family to care for the family’s child or adult requiring nursing services, attendant care, or support due to difficult behaviors. A client shall:

(i) Have received, over the past three months, at least ten days or eighty hours of service; or

(ii) Requires at least ten days or eighty hours per month of service to prevent immediate out-of-home placement, based upon an assessment conducted by the department;

(b) Service need level 2: Client is at high risk of out-of-home placement without the provision of family support services and has one or more of the following documented in writing:

(i) The client:

(A) Currently receives adult protective services or division of children and family services as an active;

(I) Child protective service client;

[1998 WAC Supp—page 681]
(II) Child welfare service client; or
(III) Family reconciliation service client.

(B) Has returned home from foster care or group care placement within the last six months;

(C) Has a serious medical problem requiring close and ongoing monitoring and/or specialized treatment, such as:
   (I) Apnea monitor;
   (II) Tracheotomy;
   (III) Heart monitor;
   (IV) Ventilator;
   (V) Constant monitoring due to continuous seizures;
   (VI) Immediate life-saving intervention due to life threatening seizures;
   (VII) Short bowel syndrome; or
   (VIII) Brittle bone syndrome.

(D) Has a dual diagnosis based on current mental health DSM Axis I diagnosis;

(E) Has an extreme behavioral challenge resulting in health and safety issues for self and/or others which:
   (I) Resulted in serious physical injury to self or others within the last year;
   (II) For a client who is two years of age or older, requires constant monitoring when awake for personal safety reasons; or
   (III) Is of imminent danger to self or others as determined by a psychiatrist, psychologist, or other qualified professional.

(F) Is ten years of age or older or weighs forty pounds or more, requires lifting, and needs direct physical assistance in three or more of the following areas:
   (I) Bathing;
   (II) Toileting;
   (III) Feeding;
   (IV) Mobility; or
   (V) Dressing.

(ii) The caregiver:
   (A) Is a division of developmental disabilities client;
   (B) Has a physical or medical problem that interferes with providing care; or
   (C) Has serious mental health or substance abuse problems and:
      (I) Is receiving counseling for these problems; or
      (II) Has received or applied for counseling within the past six months.

(c) Service need level 3: The family is at risk of significant deterioration which could result in an out-of-home placement of the client without provision of family support services due to the following:

(i) The client requires direct physical assistance, above what is typical for such client’s age, in three or more of the following areas:
   (A) Bathing;
   (B) Toileting;
   (C) Feeding;
   (D) Mobility; or
   (E) Dressing.

(ii) The client has current behavioral episodes resulting in:
   (A) Physical injury to the client or others;
   (B) Substantial damage to property; and/or
   (C) Chronic sleep pattern disturbances or chronic continuous screaming behavior.

(iii) The client has medical problems requiring substantial extra care; and/or

(iv) The family is:
   (A) Experiencing acute and/or chronic stress;
   (B) Has acute or chronic physical limitations; or
   (C) Has acute or chronic mental or emotional limitations.

(d) Service need level 4: Family needs temporary or ongoing services in order to:

   (i) Receive support to relieve and/or prevent stress of caregiver/family; or
   (ii) Enhance the current functioning of the family.

   (3) The department, through regional review committees, shall determine service need level of the client's service request by reviewing information received from the client, family, and other sources about:

   (a) Whether client is an active recipient of services from the division of children and family services or adult protective services;
   (b) Whether indicators of risk of out-of-home placement exist, and the imminence of such an event. The department's assessment of such risk may include:
      (i) Review of family's requests for placement;
      (ii) History of family’s involvement with children’s protective services or adult protective services;
      (iii) Client’s current adjustment;
      (iv) Parental history of psychiatric hospitalization;
      (v) Clinical assessment of family’s condition; and
      (vi) Statements from other professionals.

(c) Caregiver conditions, such as acute and/or chronic:
   (i) Stress;
   (ii) Physical limitations; and
   (iii) Mental and/or emotional impairments.

   (d) Client’s need for intense medical, physical, or behavioral support:
   (e) Family’s ability to use typical community resources;
   (f) Availability of private, local, state, or federal resources to help meet the need for family support;
   (g) Severity and chronicity of family or client problems; and

(h) Degree to which family support services will:
   (i) Ameliorate or alleviate such problems; and
   (ii) Reduce the risk of out-of-home placement.


WAC 275-27-400 Notification. (1) The department shall notify the client or applicant, the parent when the client or applicant is a minor, and the guardian when the client or applicant is an adult, of the following decisions:

(a) Denial or termination of eligibility set forth in WAC 275-27-030;

(b) Development or modification of the individual service plan set forth in WAC 275-27-060;

(c) Authorization, denial, reduction, or termination of services set forth in WAC 275-27-230; and

[1998 WAC Supp—page 682]
(d) Admission or readmission to, or discharge from, a residential habilitation center.

(2) The notice shall set forth appeal rights pursuant to WAC 275-27-500 and a statement that the client's case manager can be contacted for an explanation of the reasons for the action.

(3) The department shall provide notice of a denial or partial authorization of a family support services request and a statement of reason for denial or partial authorization, or reduction to the person or persons described in subsection (1) of this section. The department shall send such notice no later than five working days before the end of the month previous to the month for which service was requested;

(b) The department shall make available an administrative review of a decision to deny or partially authorize services upon receipt of a written request by a person or persons described in subsection (1) of this section to the administrator of the region in which the client is living. The regional office must receive a request for administrative review by the last working day of the month;

(c) The client shall state in the written request why the client or client's family believes their service priority designation is not correct;

(d) Upon receipt of request for administrative review, the regional administrator or designee shall review the request and the client file; and

(e) The department shall send the results of the administrative review to the client and/or family within the first five working days of the service month for which the client is being denied or receiving a partial authorization for services.

(4) The department shall provide at least thirty days' advance notice of action to terminate a client's eligibility, terminate or reduce a client's service, or discharge a client from a residential habilitation center to the community. Transfer or removal of a client from a service set forth in WAC 275-27-500 (5)(f) is governed by that section, and reduction of family support funding during the service authorization period is covered by subsection (3)(a) of this section.

(5) 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.

(6) 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.

Chapter 275-30 WAC

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER


Chapter 275-33 WAC

TRANSFER OF JUVENILE OFFENDER TO THE DEPARTMENT OF CORRECTIONS

WAC 275-33-010 Repealed.

Chapter 275-46 WAC

SECURITY CLASSIFICATION

WAC 275-46-005 Repealed.

Chapter 275-48 WAC

PAYMENTS TO PERSONS RELEASED FROM CORRECTIONAL INSTITUTIONS

WAC 275-48-010 through 275-48-050 Repealed.

[1998 WAC Supp—page 683]
WAC 275-48-010 through 275-48-050 Repealed. See Disposition Table at beginning of this chapter.

Chapter 275-60 WAC
WORKSHOPS IN INSTITUTIONS OF THE MENTAL HEALTH DIVISION

WAC 275-60-010 through 275-60-520 Repealed.

WAC 275-60-010 through 275-60-520 Repealed. See Disposition Table at beginning of this chapter.

Chapter 275-76 WAC
ADULT CORRECTIONAL INSTITUTIONS—DETAINER

WAC 275-76-005 through 275-76-150 Repealed.

[1998 WAC Supp—page 684]
ADULT CORRECTIONAL INSTITUTIONS—VISITS

WAC 275-80-005 through 275-80-995 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

WAC 275-80-005 through 275-80-995 Repealed.
Chapter 275-80

275-80-876 Group visit—Conduct. [Order 814, § 275-80-876, filed 6/28/73; Order 767, § 275-80-876, filed 1/10/73.] Repealed by 98-01-125, filed 12/18/97, effective 1/18/98. Statutory Authority: RCW 34.05.210, 74.08.090 and 1997 c 409 § 209.

275-80-878 Group visit—Privacy of residents. [Order 814, § 275-80-878, filed 6/28/73; Order 767, § 275-80-878, filed 1/10/73.] Repealed by 98-01-125, filed 12/18/97, effective 1/18/98. Statutory Authority: RCW 34.05.210, 74.08.090 and 1997 c 409 § 209.

275-80-890 News media visits—General. [Order 814, § 275-80-890, filed 6/28/73.] Repealed by 98-01-125, filed 12/18/97, effective 1/18/98. Statutory Authority: RCW 34.05.210, 74.08.090 and 1997 c 409 § 209.

275-80-895 News media visits—Limitations. [Order 814, § 275-80-895, filed 6/28/73.] Repealed by 98-01-125, filed 12/18/97, effective 1/18/98. Statutory Authority: RCW 34.05.210, 74.08.090 and 1997 c 409 § 209.

275-80-900 Exchange of material or items. [Order 814, § 275-80-900, filed 6/28/73.] Repealed by 98-01-125, filed 12/18/97, effective 1/18/98. Statutory Authority: RCW 34.05.210, 74.08.090 and 1997 c 409 § 209.

275-80-905 Search of visitors. [Order 814, § 275-80-905, filed 6/28/73.] Repealed by 98-01-125, filed 12/18/97, effective 1/18/98. Statutory Authority: RCW 34.05.210, 74.08.090 and 1997 c 409 § 209.

275-80-910 Notice of search. [Order 814, § 275-80-910, filed 6/28/73.] Repealed by 98-01-125, filed 12/18/97, effective 1/18/98. Statutory Authority: RCW 34.05.210, 74.08.090 and 1997 c 409 § 209.


275-80-920 Search and discovery of illegal items. [Order 814, § 275-80-920, filed 6/28/73.] Repealed by 98-01-125, filed 12/18/97, effective 1/18/98. Statutory Authority: RCW 34.05.210, 74.08.090 and 1997 c 409 § 209.

275-80-925 Denial of visits. [Order 814, § 275-80-925, filed 6/28/73.] Repealed by 98-01-125, filed 12/18/97, effective 1/18/98. Statutory Authority: RCW 34.05.210, 74.08.090 and 1997 c 409 § 209.

275-80-930 Suspension of visiting rights—Duration. [Order 814, § 275-80-930, filed 6/28/73.] Repealed by 98-01-125, filed 12/18/97, effective 1/18/98. Statutory Authority: RCW 34.05.210, 74.08.090 and 1997 c 409 § 209.

275-80-935 Appeal of denial of visiting rights. [Order 814, § 275-80-935, filed 6/28/73.] Repealed by 98-01-125, filed 12/18/97, effective 1/18/98. Statutory Authority: RCW 34.05.210, 74.08.090 and 1997 c 409 § 209.

275-80-940 Exceptions. [Order 814, § 275-80-940, filed 6/28/73.] Repealed by 98-01-125, filed 12/18/97, effective 1/18/98. Statutory Authority: RCW 34.05.210, 74.08.090 and 1997 c 409 § 209.

275-80-995 Appendices. [Order 1135, § 275-80-995, filed 8/12/76. Order 814, § 275-80-995, filed 6/28/73.] Repealed by 98-01-125, filed 12/18/97, effective 1/18/98. Statutory Authority: RCW 34.05.210, 74.08.090 and 1997 c 409 § 209.

WAC 275-80-805 through 275-80-995 Repealed. See Disposition Table at beginning of this chapter.

Chapter 275-150 WAC

REFERENDUM 37 FUNDING OF FACILITIES FOR THE CARE, TRAINING, AND REHABILITATION OF PERSONS WITH SENSORY, PHYSICAL, OR MENTAL HANDICAPS

WAC 275-150-010 through 275-150-090 Repealed.

[1998 WAC Supp—page 686]
WAC 275-155-005 Special commitment of sexually violent predators—Legal basis. (1) Chapter 71.09 RCW authorizes the department to develop a sexual predator program (SPP) for a person the court determines is a sexually violent predator.

(2) Beginning July 1, 1990, the department’s SPP shall provide:

(a) Evaluation of a person court-ordered to the SPP to determine if the person meets the definition of a sexually violent predator as defined in this section; and

(b) Control, care, and treatment services to a person court-committed as a sexually violent predator.

[Statutory Authority: RCW 71.09.230. 97-24-054, § 275-155-005, filed 12/1/97, effective 1/1/98. Statutory Authority: 1990 c 3. 90-17-120 (Order 3054), § 275-155-005, filed 8/21/90, effective 9/21/90.]

WAC 275-155-010 Definitions. Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Appropriate facility" means a facility the department uses for evaluating and determining if a person meets the definition of a sexually violent predator as defined in this section.

(2) "Care" means a service the department provides during a person’s commitment to the SPP to sustain adequate health, shelter, and physical sustenance.

(3) "Control" means a restraint, restriction, or confinement the department applies protecting a person from endangering self, others, or property during a commitment under this chapter.

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

(5) "Escorted leave" means a leave of absence from a facility housing persons detained or committed under chapter 71.09 RCW under the continuous supervision of an escort.

(6) "Evaluation" means an examination, report, or recommendation a professionally qualified person makes determining if a person meets or continues to meet the definition of a sexually violent predator as defined in this section.

(7) "Immediate family" includes a resident’s parents, stepparents, parent surrogates, legal guardians, grandparents, spouse, brothers, sisters, half or stepbrothers or sisters, children, stepchildren, and other dependents.

(8) "Indigent" means a resident who has not been credited with twenty-five dollars or more total from any source for deposit to the resident’s trust fund account during the thirty days preceding the request for an escorted leave and has less than a twenty-five dollar balance in his/her trust fund account on the day the escorted leave is requested, and together with his/her requesting immediate family member affirm in writing that they cannot afford to pay the costs of the escorted leave without undue hardship. A declaration of indigency shall be signed by the resident and the resident’s requesting immediate family member on forms provided by the department.

(9) "Individual treatment plan (ITP)" means an outline the SPP staff persons develop detailing how control, care, and treatment services are provided to a SPP-committed person.

(10) "Mental abnormality" means a congenital or acquired condition affecting a person’s emotional or volitional capacity, including personality disorders, predisposing the person to commit criminal acts of sexual violence placing other persons in danger.

(11) "Predatory" means acts a person directs toward strangers or individuals with whom a relationship has been established or promoted for the primary purpose of victimization.

(12) "Professionally qualified person" includes:

(a) "Mental health counselor" means a person certified as a mental health counselor under chapter 18.19 RCW;

(b) "Psychiatric nurse" means a person licensed as a registered nurse under chapter 18.88 RCW and having two or more years supervised clinical experience;

(c) "Psychiatrist" means a person licensed as a physician under chapters 18.71 and 18.57 RCW. In addition, the person shall:

(i) Have completed three years of graduate training in a psychiatry program approved by the American Medical Association or the American Osteopathic Association; and

(ii) Be certified, or eligible to be certified, by the American Board of Psychiatry and Neurology;

(d) "Psychologist" means a person licensed as a doctor of psychology under chapter 18.83 RCW; and

(e) "Social worker" means a person certified as a social worker under chapter 18.19 RCW.

(13) "Resident" means a person detained or committed pursuant to chapter 71.09 RCW.

(14) "Secretary" means the person delegated by the secretary of the department to be responsible for the facility housing persons detained or committed under chapter 71.09 RCW.

(15) "Secure facility" means a department-operated facility, not located on the grounds of a state mental facility or residential habilitation center, with the purpose of confining and treating a person committed to the SPP.

(16) "Sexual predator program (SPP)" means a department-administered and operated program established for:

(a) A court-ordered person’s evaluation; or

(b) Control, care, and treatment of a court-committed person defined as a sexually violent predator under this chapter.

(17) "Sexually violent offense" means an act defined under chapter 71.09 RCW and for which a person is charged or convicted on, before, or after July 1, 1990.

(18) "Sexually violent predator" means a person defined under chapter 71.09 RCW who has been convicted or charged with a crime of sexual violence and who suffers from a mental abnormality or personality disorder which makes the person likely to engage in predatory acts of sexual violence.

(19) "Superintendent" means the person delegated by the secretary of the department to be responsible for the facility housing persons detained or committed under chapter 71.09 RCW.

[Statutory Authority: RCW 71.09.230. 97-24-054, § 275-155-010, filed 12/1/97, effective 1/1/98. Statutory Authority: 1990 c 3. 90-17-120 (Order 3054), § 275-155-010, filed 8/21/90, effective 9/21/90.]

WAC 275-155-070 Escorted leave—Purpose. The purpose of WAC 275-155-070 through 275-155-140 is:
(1) To set forth the conditions under which residents will be granted leaves of absence;
(2) To provide for safeguards to prevent escape, the obtaining of contraband, and the commission of new crimes, while on leaves of absence; and
(3) To outline the process for the reimbursement of the state by the resident and the resident’s family for the costs of the leave of absence.

WAC 275-155-080 Reasons allowed. An escorted leave of absence may be granted by the superintendent, or designee, subject to the approval of the secretary, to residents to:
(1) Go to the bedside of a member of the resident’s immediate family as defined in WAC 275-155-010, who is seriously ill;
(2) Attend the funeral of a member of the resident’s immediate family as defined in WAC 275-155-010; and
(3) Receive necessary medical or dental care which is not available in the institution.

WAC 275-155-090 Conditions. (1) An escorted leave shall be authorized only for trips within the boundaries of the state of Washington.
(2) The duration of an escorted leave to the bedside of a seriously ill member of the resident’s immediate family or attendance at a funeral shall not exceed forty-eight hours unless otherwise approved by the superintendent, or designee.
(3) Other than when housed in a city or county jail or state institution the resident shall be in the visual or auditory contact of an approved escort at all times.
(4) The resident shall be housed in a city or county jail or state institution at all times when not in transit or actually engaged in the activity for which the escorted leave was granted.
(5) Unless indigent, the resident and immediate family member shall, in writing, make arrangements to reimburse the state for the cost of the leave prior to the date of the leave.
(6) The superintendent, or designee, shall notify county and city law enforcement agencies with jurisdiction in the area of the resident’s destination before allowing any escorted leave of absence.

WAC 275-155-100 Application requests and approval for escorted leave. The superintendent, or designee, shall establish a policy and procedures governing the method of handling the requests by individual residents. The superintendent, or designee, shall evaluate each leave request and, in writing, approve or deny the request within forty-eight hours of receiving the request based on:
(1) The nature and length of the escorted leave;
(2) The community risk associated with granting the request based on the resident’s history of security or escape risk;
(3) The resident’s overall history of stability, cooperative or disruptive behavior, and violence or other acting out behavior;
(4) The resident’s degree of trustworthiness as demonstrated by his/her performance in unit assignments, security level, and general cooperativeness with facility staff;
(5) The resident’s family’s level of involvement and commitment to the escorted leave planning process;
(6) The rehabilitative or treatment benefits which could be gained by the resident; and
(7) Any other information as may be deemed relevant.

The resident’s, and family’s, ability to reimburse the state for the cost of the escorted leave shall not be a determining factor in approving or denying a request.

WAC 275-155-110 Escort procedures. (1) Only persons approved by the superintendent, or designee, will be authorized to serve as escorts. All escorts must be employees of either the department of social and health services or the department of corrections and must have attained permanent employee status. At least one of the escorts must be experienced in the escort procedures.
(2) The superintendent, or designee, shall determine the use and type of restraints necessary for each escorted leave on an individual basis.
(3) Escorted leaves supervised by department of corrections staff shall require the approval of the superintendent of the appropriate facility and be done in accordance with established department of corrections procedures. Correctional officers may wear civilian clothing when escorting a resident to a bedside visit or a funeral.

WAC 275-155-120 Expenses. (1) Staff assigned escort duties shall be authorized per diem reimbursement for meals, lodging, and transportation at the rate established by the state travel policy.
(2) Staff assigned escort duties shall receive appropriate compensation at regular salary or overtime for all hours spent in actual escort of the resident, but not including hours spent sleeping or not engaged in direct supervision of the resident. The salary shall be paid at the appropriate straight time and overtime rates as provided in the merit system rules.
(3) Cost of housing the resident in a city or county jail shall be charged to the resident in accordance with WAC 275-155-130.

WAC 275-155-130 Expenses—Paid by resident. (1) The expenses of the escorted leave as enumerated in WAC 275-155-120 shall be reimbursed by the resident or his/her immediate family member unless the superintendent, or
designee, has authorized payment at state expense in accordance with WAC 275-155-140.

(2) Payments by the resident, or the resident’s immediate family member, shall be made to the facility’s business office and applied to the appropriate fund as defined by law, applicable provisions of the Washington Administrative Code, or department policy.

WAC 275-155-140 Expenses—Paid by department. The expenses of the escorted leave shall be absorbed by the state if:

(1) The resident and his/her immediate family are indigent as defined in WAC 275-155-010; or

(2) The expenses were incurred to secure medical care.

WAC 284-13-505 Actual reinsurance. Ceding insurers, have at times, entered into reinsurance agreements primarily as financing arrangements which have the principle purpose of producing increased surplus for the ceding insurer, typically on a temporary basis, but which provide little or no indemnification of insurance risks by the reinsurer. Credit for reinsurance shall not be allowed in any accounting or financial statement of the ceding insurer in respect to any so-called reinsurance contract unless, in such contract, the reinsurer undertakes to indemnify the ceding insurer, not only in form but in fact, against all or a part of the loss or liability arising out of the original insurance. This section shall only apply to those reinsurance contracts entered into after December 31, 1996.

WAC 284-13-515 Qualified United States financial institution. A qualified United States financial institution means an institution that:

(1) Is organized or, in the case of a U.S. office of a foreign banking organization, licensed under the laws of the United States or any state thereof;

(2) Is regulated, supervised, and examined by U.S. federal or state authorities having regulatory authority over banks and trust companies;

(3) Has been designated by the Securities Valuation Office of the National Association of Insurance Commissioners as meeting its credit standards for issuing or confirming letters of credit; and

(4) Is not affiliated with the assuming company.

WAC 284-13-520 Credit for reinsurance—Certain reinsurers maintaining trust funds. (1) Pursuant to RCW 48.12.160 (1)(a), the commissioner shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer described in subsection (2) of this section which, as of the date of the ceding insurer’s statutory financial statement, maintains a trust fund in an amount prescribed below in a qualified United States financial institution as provided in WAC 284-13-515, for the payment of the valid claims of its United States policyholders and ceding insurers, their assigns and successors in interest. The assuming insurer shall report annually to the commissioner substantially the same information as that required to be reported on the NAIC annual statement form by licensed insurers, to enable the commissioner to determine the sufficiency of the trust fund.

(2) The trust fund for a group of insurers that includes incorporated and unincorporated underwriters shall consist of:

(a) For reinsurance ceded under reinsurance agreements with an inception, amendment or renewal date on or after August 1, 1995, funds in trust in an amount not less than the group’s several liabilities attributable to business ceded by United States domiciled insurers to any member of the group;

(b) For reinsurance ceded under reinsurance agreements with an inception date on or before July 31, 1995, and not amended or renewed after that date, notwithstanding the other provisions of this regulation, funds in trust in an amount not less than the group’s several liabilities attributable to business ceded by United States domiciled insurers to any member of the group.