

envelopes may be destroyed under statutory provisions applicable to election materials.

[Statutory Authority: RCW 29.04.080, 29.04.210, 29.36.150 and 29.79.200. 97-21-045, § 434-840-350, filed 10/13/97, effective 11/13/97. Statutory Authority: 1991 c 23. 91-20-074, § 434-840-350, filed 9/26/91, effective 10/27/91.]

Title 440 WAC

SOCIAL AND HEALTH SERVICES, DEPARTMENT OF (GENERAL PROVISIONS)

Chapters

440-22 Certification requirements for chemical dependency treatment service providers.

Chapter 440-22 WAC

CERTIFICATION REQUIREMENTS FOR CHEMICAL DEPENDENCY TREATMENT SERVICE PROVIDERS

WAC

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WAC 440-22-005 Definitions. Unless the context clearly indicates otherwise, the definitions in this section apply throughout this chapter:

"**Administrator**" means the person designated responsible for the operation of the certified treatment service;

"**Adult**" means a person eighteen years of age or older.

"**Young adult**" means an adult who is not yet twenty-one years of age;

"**Alcoholic**" means a person who has the disease of alcoholism;

"**Alcoholism**" means a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial. Each of these symptoms may be continuous or periodic;

"**Authenticated**" means written, permanent verification of an entry in a patient treatment record by means of an original signature including first initial, last name, and professional designation or job title, or initials of the name if the file includes an authentication record, and the date of the entry;

"**Authentication record**" means a document which is part of a patient's treatment record, with legible identification of all persons initialing entries in the treatment record, and includes:

(1) Full printed name;

(2) Signature including the first initial and last name;

and

(3) Initials and abbreviations indicating professional designation or job title.

"**Bloodborne pathogens**" means pathogenic microorganisms that are present in human blood and can cause disease in humans. The pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV);

"**Branch service site**" means a physically separate certified unit where qualified staff provide a certified treatment service and are governed by a parent organization;

"**Certified treatment service**" means a discrete program of chemical dependency treatment offered by a service provider who has a certificate of approval from the department of social and health services, as evidence the provider meets the standards of chapter 440-22 WAC;

"**Chemical dependency**" means a person's alcoholism or drug addiction or both;

"**Chemical dependency counseling**" means face-to-face individual or group contact using therapeutic techniques and:

(1) Led by a chemical dependency counselor (CDC), youth chemical dependency counselor (YCDC) or a CDC intern under direct CDC supervision;

(2) Directed toward patients and others who are harmfully affected by the use of mood-altering chemicals or are chemically dependent; and

(3) Directed toward a goal of abstinence for chemically dependent persons.

"**Chemical dependency counselor (CDC)**" means a person who has obtained a certificate of qualification from the department affirming the person has met the counselor

qualification requirements described under WAC 440-22-240;

"Chemical dependency counselor certification board (CCB)" means a chemical dependency counselor certification board working under an agreement with the department to verify the qualifications of counselors as authorized by RCW 70.96A.040(3);

"Chemical dependency counselor intern (CI)" means a person who has obtained a letter of enrollment from the department affirming the person has met the CI qualification requirements described under WAC 440-22-200 and is working under supervision in a certified treatment agency toward internship completion as described under WAC 440-22-210 and 440-22-220;

"Child" means a person less than eighteen years of age, also known as adolescent, juvenile, or minor;

"County coordinator" means the person designated by the chief executive officer of a county to carry out administrative and oversight responsibilities of the county chemical dependency program;

"Criminal background check" means a search by the Washington state patrol for any record of convictions or civil adjudication related to crimes against children or other persons, including developmentally disabled and vulnerable adults, per RCW 43.43.830 through 43.43.842 relating to the Washington state patrol;

"Danger to self or others," for purposes of WAC 440-22-406, means a youth residing in a chemical dependency treatment agency who creates a risk of serious harm to the health, safety, or welfare to self or others. Behaviors considered a danger to self or others include:

- (1) Suicide threat or attempt;
- (2) Assault or threat of assault; or
- (3) Attempt to run from treatment, potentially resulting in a dangerous or life-threatening situation.

"Department" means the Washington state department of social and health services;

"Detoxification" or **"detox"** means care and treatment of a person while the person recovers from the transitory effects of acute or chronic intoxication or withdrawal from alcohol or other drugs;

"Disability, person with a" means a person who:

- (1) Has a physical or mental impairment that substantially limits one or more major life activities of the person;
- (2) Has a record of such an impairment; or
- (3) Is regarded as having such an impairment.

"Discrete treatment service" means a chemical dependency treatment service that:

- (1) Provides distinct chemical dependency supervision and treatment separate from other services provided within the facility;
- (2) Provides a separate treatment area for ensuring confidentiality of chemical dependency treatment services; and
- (3) Has separate accounting records and documents identifying the provider's funding sources and expenditures of all funds received for the provision of chemical dependency services.

"Domestic violence" means:

- (1) Physical harm, bodily injury, assault, or the infliction of fear of imminent physical harm, bodily injury, or assault between family or household members;

(2) Sexual assault of one family or household member by another;

(3) Stalking as defined in RCW 9A.46.110 of one family or household member by another family or household member; or

(4) As defined in RCW 10.99.020, RCW 26.50.010, or other Washington state statutes.

"Drug addiction" means a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. Drug addiction is characterized by impaired control over use of drugs, preoccupation with drugs, use of a drug despite adverse consequences, and distortions in thinking, most notably denial. Each of these symptoms may be continuous or periodic;

"First Steps" means a program available across the state for low-income pregnant women and their infants. First Steps provides maternity care for pregnant and postpartum women and health care for infants and young children;

"Governing body" means the legal entity responsible for the operation of the chemical dependency treatment service;

"HIV/AIDS brief risk intervention (BRI)" means an individual face-to-face interview with a client or patient, to help that person assess personal risk for HIV/AIDS infection and discuss methods to reduce infection transmission;

"HIV/AIDS education" means education, in addition to the brief risk intervention, designed to provide a person with information regarding HIV/AIDS risk factors, HIV antibody testing, HIV infection prevention techniques, the impact of alcohol and other drug use on risks and the disease process, and trends in the spread of the disease;

"Medical practitioner" means a physician, advanced registered nurse practitioner (ARNP), or certified physician's assistant. ARNPs and midwives with prescriptive authority may perform practitioner functions related only to indicated specialty services;

"Misuse" means use of alcohol or other drugs by a person in:

- (1) Violation of any law; or
- (2) Breach of agency policies relating to the drug-free work place.

"Off-site treatment" means provision of treatment by a certified provider at a location where treatment is not the primary purpose of the site;

"Opiate dependency treatment agency" means an organization that administers or dispenses an approved drug as specified in 212 CFR Part 291 for treatment or detoxification of opiate dependency. The agency is:

- (1) Approved by the Federal Food and Drug Administration;
- (2) Registered with the Federal Drug Enforcement Administration;
- (3) Licensed by the county in which it operates; and
- (4) Certified as an **"opiate dependency treatment agency"** by the department.

"Patient" is a person receiving chemical dependency treatment services from a certified program;

"Patient contact" means counselor time spent with a client or patient to do assessments, individual or group counseling, or education;

"Patient placement criteria (PPC)" means the *Patient Placement Criteria for the Treatment of Substance-Related Disorders* as published and revised by the American Society of Addiction Medicine (ASAM);

"Probation assessment officer (PAO)" means a person employed at a certified district or municipal court probation assessment service who meets the PAO requirements of WAC 440-22-225 and 440-22-240;

"Probation assessment service" means a certified assessment service offered by a misdemeanor probation department or unit within a county or municipality;

"Progress notes" are a permanent record of ongoing assessments of a patient's participation in and response to treatment, and progress in recovery;

"Registered counselor" means a person registered, or certified by the state department of health as required by chapter 18.19 RCW;

"Restraint," for purposes of WAC 440-22-406, means the use of methods, by a trained staff person, to prevent or limit free body movement in the event of out-of-control behavior. **"Restraint"** includes:

- (1) Containment or seclusion in an unlocked quiet room;
- (2) Physical restraint, meaning a person physically holds or restricts another person in a safe manner for a short time in an immediate crisis; or
- (3) Use of a safe and humane apparatus which the person cannot release by oneself.

"Service provider" or **"provider"** means a legally operated entity certified by the department to provide chemical dependency treatment services. The components of a service provider are:

- (1) Legal entity/owner;
- (2) Facility; and
- (3) Staff and services.

"Sexual abuse" means sexual assault, incest, or sexual exploitation;

"Sexual harassment" means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- (1) Submission to such conduct is made either explicitly or implicitly a term or condition of employment or treatment;
- (2) Such conduct interferes with work performance or creates an intimidating, hostile, or offensive work or treatment environment.

"Substance abuse" means a recurring pattern of alcohol or other drug use which substantially impairs a person's functioning in one or more important life areas, such as familial, vocational, psychological, physical, or social;

"Summary suspension" means an immediate suspension of certification, per RCW 34.05.422(4), by the department pending administrative proceedings for suspension, revocation, or other actions deemed necessary by the department;

"Supervision" means:

- (1) Regular monitoring of the administrative, clinical, or clerical work performance of a staff member, intern, student, volunteer, or employee on contract by a person with the authority to give directions and require change; and

(2) **"Direct supervision"** means the supervisor is on the premises and available for immediate consultation.

"Suspend" means termination of the department's certification of a provider's treatment services for a specified period or until specific conditions have been met and the department notifies the provider of reinstatement;

"Treatment services" means the broad range of emergency, detoxification, residential, and outpatient services and care. Treatment services include diagnostic evaluation, chemical dependency education, individual and group counseling, medical, psychiatric, psychological, and social services, vocational rehabilitation and career counseling which may be extended to alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other drugs, and intoxicated persons;

"Urinalysis" means analysis of a patient's urine sample for the presence of alcohol or controlled substances by a licensed laboratory or a provider who is exempted from licensure by the department of health:

(1) **"Negative urine"** is a urine sample in which the lab does not detect specific levels of alcohol or other specified drugs; and

(2) **"Positive urine"** is a urine sample in which the lab confirms specific levels of alcohol or other specified drugs.

"Vulnerable adult" means a person who lacks the functional, mental, or physical ability to care for oneself.

"Youth" means a person seventeen years of age or younger[;]

"Youth chemical dependency counselor (YCDC)" means a person who has obtained a certificate of qualification from the department affirming the person has met the YCDC qualification requirements described under WAC 440-22-230 and 440-22-240.

[Statutory Authority: RCW 70.96A.040 and [70.96A.]090. 97-13-050, § 440-22-005, filed 6/13/97, effective 7/14/97. Statutory Authority: RCW 70.96A.090. 97-03-062, § 440-22-005, filed 1/13/97, effective 2/13/97. Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-005, filed 12/22/93, effective 2/1/94.]

Reviser's note: RCW 34.05.395 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 440-22-180 Personnel files. (1) The administrator shall ensure there is a current personnel file for each employee, intern, student, volunteer, and contract staff person providing or supervising patient care which includes:

- (a) Verification of qualifications for the assigned position;
- (b) A copy of the current job description or agreement;
- (c) A record of orientation;
- (d) Documentation of training on bloodborne pathogens, including HIV/AIDS and hepatitis B, except for contract employees;
- (e) Documentation of current cardiopulmonary resuscitation (CPR) and first aid training for at least one person on each shift in a residential facility;
- (f) Written performance evaluations for each year of employment;
- (g) A copy of the results of a tuberculin skin test or evidence the person has completed a course of treatment

approved by a physician or local health officer if the results are positive;

(h) Documentation of health department training and approval for any staff administering or reading a TB test; and

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

(2) Each chemical dependency counselor (CDC), probation assessment officer, intern, and information school instructor shall provide sufficient evidence to determine whether each person has the training and education necessary to meet and maintain qualified status required under WAC 440-22-200 through 440-22-280. The personnel file shall include:

(a) For CDCs: A copy of a current certificate of qualification issued by the department affirming the CDC meets the qualifying standards of WAC 440-22-240;

(b) For CDC interns (CI): A copy of a letter of enrollment issued by the department or its designee affirming the CI meets the qualifying standards of WAC 440-22-200;

(c) For probation assessment officers and information school instructors: Sufficient evidence to determine whether each probation assessment officer or intern, and information school instructor has the training and education necessary to meet the qualifying standards of WAC 440-22-240(2) and 440-22-270 respectively;

(d) The date the person became a probation assessment officer, or information school instructor;

(e) A copy of a current license, certificate, or registration with the department of health for all CDCs, CIs and other persons requiring such documentation to practice; and

(f) If an employee is a CI or probation assessment officer intern, the file shall also contain:

(i) The date training began;

(ii) The education and training plan;

(iii) A copy of the counselor intern's quarterly review;

(iv) Documentation of four hours tutoring per month; and

(v) The name of the supervising CDC or probation assessment officer.

[Statutory Authority: RCW 70.96A.040 and [70.96A.]090. 97-13-050, § 440-22-180, filed 6/13/97, effective 7/14/97. Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-180, filed 12/22/93, effective 2/1/94.]

WAC 440-22-200 Chemical dependency counselor intern (CI) eligibility. To become a CI in a certified chemical dependency treatment program, and before performing functions of a CI, a person shall obtain a letter of enrollment from the department that affirms the person meets the following qualifications. The person:

(1) Has no history of alcohol or other drug misuse:

(a) For a period of two years immediately before the person applies for CI enrollment; and

(b) Throughout the time of the internship.

(2) Has obtained nine quarter or six semester credits from an accredited college or university, with a minimum of three quarter or two semester credits in each of the following distinct course topic areas:

(a) Survey of chemical dependency;

(b) Physiological actions of alcohol and other drugs; and

(c) Chemical dependency counseling techniques.

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(3) Is registered or certified as a counselor with the department of health under chapter 18.19 RCW.

[Statutory Authority: RCW 70.96A.040 and [70.96A.]090. 97-13-050, § 440-22-200, filed 6/13/97, effective 7/14/97. Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-200, filed 12/22/93, effective 2/1/94.]

WAC 440-22-220 Chemical dependency counselor intern (CI) completion. To complete CI internship, a person shall:

(1) Obtain a two-year degree, or its academic equivalent, from an accredited college or university. The course work shall include all WAC 440-22-200 academic requirements and the course work listed in subsection (2) through (4) of this section.

(2) Complete twenty-four quarter or sixteen semester credits from an accredited college or university which includes a minimum of three quarter or two semester credits in distinct courses in the following three topic areas:

(a) Group process in chemical dependency treatment;

(b) Chemical dependency in the family; and

(c) Case management and record keeping for chemically dependent patients.

(d) The remainder of the twenty-four quarter or sixteen semester credits noted in (2) of this subsection shall include distinct courses in the following topic areas:

(i) Ethics in chemical dependency treatment;

(ii) Chemical dependency and the laws;

(iii) Human growth and development; and

(iv) Introductory or general psychology.

(3) Obtain one hundred eighty hours of state-approved training or equivalent credit from an accredited college or university in workshops or courses that address the following topic areas:

(a) Relapse prevention;

(b) Youth chemical dependency assessment and counseling;

(c) Cultural awareness;

(d) HIV/AIDS brief risk intervention for CDCs, as approved by the department; and

(e) Other workshops or courses that will enhance skills as a chemical dependency counselor.

(4) Complete two thousand clock hours of directly supervised experience as a (CI) in a state-certified chemical dependency treatment agency. The internship shall include a minimum of one hundred sixty hours in each of the following clinical areas:

(a) Conducting assessments;

(b) Individual counseling; and

(c) Group counseling.

[Statutory Authority: RCW 70.96A.040 and 70.96A.090. 97-19-021, § 440-22-220, filed 9/8/97, effective 10/9/97; 97-13-050 § 440-22-220, filed 6/13/97, effective 7/14/97. Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-220, filed 12/22/93, effective 2/1/94.]

WAC 440-22-225 Probation assessment officer interns. A probation assessment officer intern shall:

(1) Be employed as a probation officer at a misdemeanor probation department or unit within a county or municipality;

(2) Meet the requirements for a chemical dependency counselor, as described under WAC 440-22-200 and 440-22-220;

(3) Be considered as meeting WAC 440-22-220 (1) and (2) requirements if the probation assessment officer intern has a bachelor's or graduate degree in a social or health sciences field;

(4) Be considered as meeting WAC 440-22-220(3) by obtaining the one hundred eighty additional hours in training or courses in areas that will enhance skills as a probation assessment officer;

(5) Be considered as meeting WAC 440-22-220(4) by applying all probation officer work experience toward the required two thousand hours, and four hundred eighty hours of assessment experience may be applied in lieu of one hundred sixty hours of individual and one hundred sixty hours of group counseling experience.

(6) Be directly supervised and tutored by a probation assessment officer who shall:

(a) Develop and maintain an individualized education and training plan to bring the intern to probation assessment officer status, including:

(i) Orientation to the various laws and regulations that apply to the delivery of chemical dependency assessment and treatment services;

(ii) Instruction in assessment methods;

(iii) Instruction on standards of professional conduct and ethics; and

(iv) Observation of the intern conducting assessments.

(b) Document an evaluation of the progress of each intern at least quarterly.

[Statutory Authority: RCW 70.96A.040 and [70.96A.]090. 97-13-050, § 440-22-225, filed 6/13/97, effective 7/14/97. Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-225, filed 12/22/93, effective 2/1/94.]

WAC 440-22-230 Youth chemical dependency counselor (YCDC) interns. (1) A YCDC intern shall meet WAC 440-22-200 and 440-22-220 requirements; except, the YCDC intern shall obtain work experience as follows:

(a) If the person is not yet a CDC, one thousand of the two thousand hours of work experience shall be in a certified program where the majority of the experience is in providing youth chemical dependency treatment; or

(b) If the person is already a CDC and had two thousand hours of required CDC work experience, another one thousand hours in a counseling capacity in other youth settings may satisfy the youth experience requirement.

(2) In addition to the internship completion requirements of WAC 440-22-220, YCDC interns shall attain five quarter or three semester academic credits, or seventy-five department-approved clock hours of continuing education covering the following topic areas:

(a) Adolescent assessment;

(b) Adolescent and child development; and

(c) Assessing and treating culturally diverse youth.

[Statutory Authority: RCW 70.96A.040 and [70.96A.]090. 97-13-050, § 440-22-230, filed 6/13/97, effective 7/14/97. Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-230, filed 12/22/93, effective 2/1/94.]

WAC 440-22-240 Chemical dependency counselor (CDC), probation assessment officer, and youth chemical dependency counselor (YCDC) qualification. (1) To be and remain a CDC or YCDC, a person shall obtain a certificate of qualification from the department that affirms that the person:

(a) Has no history of alcohol or other drug misuse for a period of three years before application for CDC or YCDC certificate of qualification;

(b) Displays no evidence of misuse of alcohol or other drugs while a CDC or YCDC;

(c) Is registered or certified as a counselor with the department of health under chapter 18.19 RCW;

(d) Has completed all requirements for a CDC or YCDC intern;

(e) Has successfully passed a chemical dependency counselor knowledge exam and an oral interview approved by the department;

(f) Has provided the department or its designee one letter, completed by the person's most recent supervisor, endorsing the person's competency and competence evaluations prepared by three chemical dependency counselors able to attest to the person's current competency as a counselor. These documents must be from four different persons; and

(g) Has completed sixty clock hours of continuing education:

(i) During each two calendar-year period beginning on the day following the initial qualification; and

(ii) In subject areas that increase knowledge and skills in counseling and aiding chemically dependent persons and their families in recovery, and increase knowledge of special populations and their issues.

(2)(a) To be and remain a probation assessment officer, the person shall complete all requirements for a probation assessment officer intern; and

(b) Have completed sixty clock hours of continuing education:

(i) During each two calendar year period beginning on the day following the probation assessment officer's birthdate; and

(ii) In subject areas intended to increase knowledge and skills in assessing, diagnosing, and referring a chemically dependent person and the person's family to appropriate treatment resources.

(3) A YCDC shall include youth specific or related training as twenty or more of the required sixty hours of continuing education.

(4) Effective date. CDCs, YCDCs, CIs and probation assessment officers must meet these standards by August 1, 1998 to remain qualified.

[Statutory Authority: RCW 70.96A.040 and [70.96A.]090. 97-13-050, § 440-22-240, filed 6/13/97, effective 7/14/97. Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-240, filed 12/22/93, effective 2/1/94.]

WAC 440-22-250 Grandparenting. (1) For chemical dependency counselors. The department may issue a certificate of qualification to an applicant if the person fulfills the requirements for grandparented qualification in accordance with WAC 440-22-253. Grandparented certificates of qualification are available to persons:

(a) Qualified as a CDC by January 31, 1996, under WAC 275-19-145 requirements which were repealed with the adoption of chapter 440-22 WAC;

(b) Qualified as a CDC by January 31, 1997, under WAC 440-22-200 and WAC 440-22-220(1) through 440-22-220(4) requirements; or

(c) Qualified as a YCDC by January 31, 1997, when a person was qualified as a CDC under subsection (1) or (2) of this section and had:

(i) One thousand hours of the two thousand required hours of work experience in a certified program where the majority of the experience was in providing youth chemical dependency treatment; or

(ii) In addition to the two thousand hours of required CDC work experience, one thousand hours in a counseling capacity in other youth settings.

(2) Grandparented certificates of qualification shall be available only to CIs, CDCs, and YCDCs who apply for such on applications postmarked prior to July 1, 1998.

(3) CIs that have fulfilled all requirements in WAC 440-22-200 and 440-22-220 in effect February 1, 1997 by July 1, 1998, are eligible for grandparented certificate of qualification without taking the knowledge exam or obtaining the supervisor/peer competency evaluations as specified in WAC 440-22-240 (1)(e) and (f).

(4) For probation assessment officers (PAO): The department may deem a PAO as having fulfilled respective qualification requirements when a person was:

(a) Qualified as a PAO by January 31, 1996, under WAC 275-19-145 requirements which were repealed with the adoption of chapter 440-22 WAC;

(b) Qualified as a PAO by January 31, 1997, under WAC 440-22-200 and 440-22-220 (1) through (4) requirements.

[Statutory Authority: RCW 70.96A.040 and [70.96A.]090. 97-13-050, § 440-22-250, filed 6/13/97, effective 7/14/97. Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-250, filed 12/22/93, effective 2/1/94.]

WAC 440-22-253 Application process for chemical dependency counselor intern (CI) enrollment, chemical dependency counselor (CDC), and youth chemical dependency counselor (YCDC) certificate of qualification and requalification. (1) Persons seeking CI enrollment or CDC and YCDC certificate of qualification shall apply to a chemical dependency counselor certification board (CCB) under agreement with the department to monitor verification of qualifications of counselors employed by certified chemical dependency treatment programs as authorized by chapter 70.96A.040(3) RCW.

(2) Applicants shall comply with instructions from the respective board by:

(a) Completing an application form and providing all information and documentation requested by the board to confirm the applicant has met the respective qualification standards described under WAC 440-22-200, 440-22-220, 440-22-230, 440-22-240 and 440-22-250;

(b) Paying processing fees;

(c) For initial CDC or YCDC qualification, taking the knowledge exam and participating in an oral interview as required under WAC 440-22-240 (1)(e).

(3) Persons making application through grandparenting under the provisions of WAC 440-22-250 are not required to complete the knowledge exam, oral interview, or submit the competence reviews required in WAC 440-22-240 (1)(e) and (f).

(4) All requests by applicants for exemptions to the requirements for CI enrollment or CDD or YCDC certificate or qualification shall be forwarded by the CCB to the department. The request shall include the CCB's recommendation for approval or denial. The CCB shall provide a copy of the exemption request to the applicant.

(5) Exemption requests shall be reviewed by the department with notice regarding the decision to approve or deny the request returned to the respective CCB.

(6) Upon completion of the review and assessment of the applicant's application package and the testing and interview process, the CCB shall:

(a) Forward a recommendation for CI enrollment or CDC or YCDC certificate of qualification to the department for applicants determined as meeting the respective standards. The CCB shall provide a copy of the recommendation to the applicant;

(b) Provide applicants determined as not meeting the respective standards with the specific deficiencies found in their application and describe what steps are necessary for the applicant to meet the standards.

(7) The department shall review recommendations for CI enrollment or CDC or YCDC letter of qualification provided by the CCBs and if determined satisfactory may issue the appropriate credential to the applicant by mail.

(8) Certificates of qualification shall be valid for two years. It is the responsibility of the CDC or YCDC to renew the certificate of qualification in accordance with instructions and notification provided by the CCB.

(9) It is the responsibility of the CI, CDC, or YCDC to notify the department of any change of the address provided to the CCB. Such notification may be made by telephone, facsimile, or by mail.

(10) Practicing counseling with an expired certificate of qualification is a violation of requirements in WAC 440-22-175 (1) and (2), and 440-22-180(2).

(11) The applicant may appeal department decisions in accordance with chapter 34.05 RCW, the Washington Administrative Procedure Act.

[Statutory Authority: RCW 70.96A.040 and [70.96A.]090. 97-13-050, § 440-22-253, filed 6/13/97, effective 7/14/97.]

WAC 440-22-255 Denial of chemical dependency intern (CI) enrollment, chemical dependency counselor (CDC) or youth chemical dependency (YCDC) certificate of qualification. (1) The department shall consider the ability of each person making application for CI enrollment or CDC or YCDC certificate of qualification to perform in accord with this chapter before the department enrolls a CI or grants or renews the certificate for a CDC or YCDC.

(2) The department may deny or place restrictions on an applicant's letter or certificate when any of the following conditions occur and are not satisfactorily resolved, or when any applicant:

(a) Had a license, certification or registration for practicing as a counselor or other health care professional denied, revoked, or suspended;

(b) Obtained or attempted to obtain a license, certification, or registration by fraudulent means or misrepresentation;

(c) Committed, permitted, aided, or abetted the commission of an illegal act or unprofessional conduct as defined under RCW 18.130.180;

(d) Demonstrated cruelty, abuse, negligence, misconduct, or indifference to the welfare of a patient;

(e) Misappropriated patient property or resources;

(f) Has a history of noncompliance with state or federal regulations in an agency with which the applicant has been affiliated;

(g) Knowingly, or with reason to know, made a false statement of fact or failed to submit necessary information in:

(i) The application or attached materials; or

(ii) Any matter under department investigation.

(h) Willfully interfered with the preservation of material information or attempted to impede the work of an authorized department representative.

(3) The department may deny CI enrollment or a CDC or YCDC certificate of qualification when an applicant:

(a) Fails to provide satisfactory application materials;

(b) Fails to pay required fees; or

(c) Advertises him or herself as being in possession of a state certificate of qualification when a certificate of qualification has not been granted, or has been denied, revoked, or has expired.

(4) The applicant may appeal department decisions in accordance with chapter 34.05 RCW, the Washington Administrative Procedure Act.

[Statutory Authority: RCW 70.96A.040 and [70.96A.]090. 97-13-050, § 440-22-255, filed 6/13/97, effective 7/14/97.]

WAC 440-22-257 Chemical dependency counselor intern (CI), chemical dependency counselor (CDC), and youth chemical dependency counselor (YCDC) suspension or revocation of letter of enrollment or certificate of qualification. (1) The department may suspend or revoke a CI's letter of enrollment or a CDC's or YCDC's certificate of qualification when a disqualifying situation described under WAC 440-22-255 applies to a CI, CDC, or YCDC or when any of the following circumstances occur:

(a) Violation of a rule threatens or results in harm to a patient;

(b) A reasonably prudent person should have been aware of a condition resulting in violation of a law or rule;

(c) A person failed to investigate or take corrective or preventive action to deal with a suspected or identified patient care problem;

(d) The person fails to satisfactorily comply with a findings of fact and conclusion of law order issued by the department of health pursuant to chapter 18.19 RCW.

(2) Practicing counseling with a suspended or revoked certificate of qualification is in violation of requirements under WAC 440-22-175 (1) and (2), and 440-22-180(2).

[Statutory Authority: RCW 70.96A.040 and [70.96A.]090. 97-13-050, § 440-22-257, filed 6/13/97, effective 7/14/97.]

WAC 440-22-260 Students. (1) The treatment provider shall have a written agreement with each education agency wanting to use the treatment agency as a setting for student practice.

(2) The treatment provider shall ensure the written agreement describes the nature and scope of student activity at the treatment setting and ensures supervision of student activities.

(3) Each student and academic supervisor shall sign a confidentiality statement which the provider shall retain.

(4) A student may serve as a chemical dependency counselor intern provided the student meets WAC 440-22-200 and 440-22-210 requirements.

(5) When a student is under supervision of a college, the department shall apply both the academic credits and supervised field experience toward the requirements of WAC 440-22-200 and 440-22-220.

[Statutory Authority: RCW 70.96A.040 and [70.96A.]090. 97-13-050, § 440-22-260, filed 6/13/97, effective 7/14/97. Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-260, filed 12/22/93, effective 2/1/94.]

WAC 440-22-280 Volunteers. (1) Each volunteer offering assistance to a provider shall be oriented as required under WAC 440-22-175 (13), (14), and (15), of the personnel manual.

(2) A volunteer shall meet the qualifications of the position to which the person is assigned.

(3) A volunteer may provide counseling services when the person meets the requirements for a chemical dependency counselor intern or is a chemical dependency counselor.

[Statutory Authority: RCW 70.96A.040 and [70.96A.]090. 97-13-050, § 440-22-280, filed 6/13/97, effective 7/14/97. Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-280, filed 12/22/93, effective 2/1/94.]

WAC 440-22-300 Clinical manual. Each chemical dependency service provider shall have and adhere to a clinical manual containing patient care policies and procedures, including:

(1) How the provider meets WAC 440-22-310 through 440-22-335 requirements;

(2) How the provider will meet applicable certified treatment service requirements of WAC 440-22-350 through 440-22-620, including a description of each service offered, detailing:

(a) The number of hours of treatment and education for each certified treatment service; and

(b) Allowance of up to twenty percent of education time to consist of film or video presentations.

(3) Identification of resources and referral options so staff can make referrals required by law and as indicated by patient needs;

(4) Assurance that the clinical supervisor:

(a) Is a chemical dependency counselor (CDC);

(b) Reviews a sample of patient records of each CDC quarterly; and

(c) Implements treatment, continuing care, transfer and discharge plans in accord with WAC 440-22-325.

(5) Patient admission and discharge criteria in accord with patient placement criteria (PPC):

- (a) The administrator shall not admit or retain a person unless the person's treatment needs can be met;
- (b) A chemical dependency counselor (CDC) shall assess and refer each patient to the appropriate treatment service; and
- (c) A person needing detoxification shall immediately be referred to a detoxification provider, unless the person needs acute care in a hospital.
- (6) Tuberculosis screening for prevention and control of TB in all detox, residential, and outpatient programs, including:
 - (a) Obtaining a history of preventive or curative therapy;
 - (b) Screening and related procedures for coordinating with the local health department; and
 - (c) Implementing TB control as provided by the department of health TB control program.
- (7) HIV/AIDS information, brief risk intervention, and referral;
- (8) Limitation of group counseling sessions to twelve patients or less;
- (9) Counseling sessions with nine to twelve youths to include a second adult staff member;
- (10) Provision of education to each patient on:
 - (a) Alcohol and alcoholism;
 - (b) Drugs and drug addiction;
 - (c) Relapse prevention; and
 - (d) HIV/AIDS, hepatitis, and TB.
- (11) Provision of education or information to each patient on:
 - (a) The impact of chemical use during pregnancy, risks to the fetus, and the importance of informing medical practitioners of chemical use during pregnancy;
 - (b) Emotional, physical, and sexual abuse; and
 - (c) Nicotine addiction.
- (12) An outline of each lecture and education session included in the service, sufficient in detail for another trained staff person to deliver the session in the absence of the regular instructor;
- (13) Assigning of work to a patient by a CDC when the assignment:
 - (a) Is part of the treatment program; and
 - (b) Has therapeutic value.
- (14) Use of self-help groups;
- (15) Patient rules and responsibilities, including disciplinary sanctions for noncomplying patients;
- (16) If youth are admitted, a policy and procedure for assessing the need for referral to child welfare services;
- (17) Implementation of the deferred prosecution program;
- (18) Policy and procedures for reporting status of persons convicted under chapter 46.61 RCW to the department of licensing; and
- (19) Nonresidential providers shall have policies and procedures on:
 - (a) Medical emergencies;
 - (b) Suicidal and mentally ill patients;
 - (c) Medical oversight, including provision of a physical examination by a medical practitioner, on a person who:
 - (i) Is dependent on barbiturates or benzodiazepines; or
 - (ii) Used intravenous drugs in the thirty days before admission.
 - (d) Laboratory tests;

- (e) Services and resources for pregnant women:
 - (i) A pregnant woman who is not seen by a private physician shall be referred to a physician or the local First Steps maternity care program for determination of prenatal care needs; and
 - (ii) Services include discussion of pregnancy specific issues and resources.
- (f) If using medication services:
 - (i) A medical practitioner shall evaluate each patient who is taking disulfiram at least once every ninety days;
 - (ii) Patient medications are stored, disbursed, and recorded in accord with chapter 246-326 WAC; and
 - (iii) Only a licensed nurse or medical practitioner may administer medication.

[Statutory Authority: RCW 70.96A.040 and [70.96A.]090. 97-13-050, § 440-22-300, filed 6/13/97, effective 7/14/97. Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-300, filed 12/22/93, effective 2/1/94.]

WAC 440-22-320 Chemical dependency assessments. A chemical dependency counselor (CDC), or a CDC intern under supervision of a CDC, shall conduct and document an assessment of each client's involvement with alcohol and other drugs. The counselor's assessment shall include:

- (1) A face-to-face diagnostic interview with each client to obtain, review, evaluate, and document the following:
 - (a) A history of the client's involvement with alcohol and other drugs, including:
 - (i) The type of substances used;
 - (ii) The route of administration; and
 - (iii) Amount, frequency, and duration of use.
 - (b) History of alcohol or other drug treatment or education;
 - (c) The client's self-assessment of use of alcohol and other drugs; and
 - (d) A relapse history.
- (2) If the client is in need of treatment, an assessment of the person's:
 - (a) Motivation for recovery;
 - (b) Ability to attain and maintain abstinence;
 - (c) Risk of relapse; and
 - (d) Strengths and needs.
- (3) If the client is found to be in need of treatment, an assessment of other factors affecting treatment, including:
 - (a) Current and historical psychosocial data;
 - (b) Issues relating to personal safety;
 - (c) Medical history, including:
 - (i) Physical status;
 - (ii) Mental status; and
 - (iii) Availability and use of medical care.
 - (d) For women, likelihood of a current pregnancy; and
 - (e) Legal history, including:
 - (i) Past charges; and
 - (ii) Current charges and courts of jurisdiction.
- (4) If an assessment is conducted on a youth and the client is in need of treatment, the counselor shall also assess the following elements:
 - (a) Parental use of drugs;
 - (b) The developmental stage of the youth;
 - (c) Ability to understand written materials;
 - (d) Psychological and emotional stability;

- (e) Child or adolescent developmental problems associated with the use of chemicals;
 - (f) Identification of school assessments and referrals;
 - (g) Historical and current parental or custodial status;
 - (h) History of learning disabilities and special education;
 - (i) Running away, out-of-home placements, and institutional care or custody;
 - (j) Support from significant adults and extended family; and
 - (k) Attempts shall be made to obtain information from parents and legal guardians, and from prior medical records and psychological evaluations with proper consent.
- (5) Documentation of the information collected, including:
- (a) A written summary of the assessment;
 - (b) A diagnostic assessment statement including signs, symptoms, and progression of client involvement with alcohol and other drugs;
 - (c) A statement regarding provision of an HIV/AIDS brief risk intervention, and referrals made; and
 - (d) Evidence the client:
 - (i) Was notified of the assessment results; and
 - (ii) Signed a document showing treatment options provided, and indicating the client's choice; or
 - (iii) If the client was not notified of the results and advised of referral options, the reason shall be documented.
- (6) Documentation of the type and length of treatment recommended, in accord with patient placement criteria (PPC);
- (7) Completion and submission of all reports required by the courts, department of licensing, and department of social and health services in a timely manner; and
- (8) Referral of an adult or minor who requires assessment for involuntary chemical dependency treatment to the county-designated chemical dependency specialist.

[Statutory Authority: RCW 70.96A.040 and [70.96A.]090. 97-13-050, § 440-22-320, filed 6/13/97, effective 7/14/97. Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-320, filed 12/22/93, effective 2/1/94.]

WAC 440-22-325 Treatment, continuing care, transfer and discharge plans. (1) A chemical dependency counselor (CDC) shall be responsible for assessments and the overall treatment plan for each patient, including:

- (a) Patient participation;
 - (b) Completeness of patient records; and
 - (c) Documentation of progress toward patient attainment of goals.
- (2) A CDC or an intern under direct supervision of a CDC shall:
- (a) Develop the individualized treatment plan;
 - (b) Evaluate the patient and conduct ongoing assessments in accord with PPC. In cases where it is not possible to place or provide the patient with the clinically indicated treatment, the reason shall be documented as well as whether other treatment will be provided;
 - (c) Conduct individual and group counseling;
 - (d) Update the treatment plan as problems arise or are resolved, including domestic violence and abuse issues if applicable;

- (e) Develop the continuing care plan using PPC; and
 - (f) Complete the discharge summary.
- (3) A CDC shall also include in the treatment plan for youth:
- (a) Structured drug free social and recreational activities;
 - (b) Developmental concerns, including education on sexuality and safer sex;
 - (c) Referral for identification and treatment of sexually transmitted diseases and other services as needed; and
 - (d) Referral to school and community support services.
- (4) A CDC shall follow up when a patient misses an appointment to:
- (a) Try to motivate the patient to stay in treatment; and
 - (b) Report a noncompliant patient to the committing authority as appropriate.
- (5) A CDC shall involve each patient's family or other support persons, when the patient gives written consent:
- (a) In the treatment program; and
 - (b) In self-help groups.
- (6) When transferring a patient from one certified treatment service to another within the same agency, at the same location, a CDC shall:
- (a) Update the patient assessment and treatment plan; and
 - (b) Provide a summary report of the patient's treatment and progress, in the patient's record. In detox, this may be done by a nurse or physician.
- (7) Except in detox and for a patient who leaves treatment without notice, staff shall meet with each patient at the time of discharge from any treatment agency, to:
- (a) Finalize a continuing care plan using PPC to assist in determining appropriate recommendation for care;
 - (b) Assist the patient in making contact with necessary agencies or services; and
 - (c) Provide the patient a copy of the plan.
- (8) When transferring a patient to another treatment provider, the current provider shall forward copies of the following information to the receiving provider when a release of confidential information is signed by the patient:
- (a) Patient demographic information;
 - (b) Diagnostic assessment statement and other assessment information, including:
 - (i) Documentation of the HIV/AIDS intervention;
 - (ii) TB test result;
 - (iii) A record of the patient's detox and treatment history;
 - (iv) The reason for the transfer; and
 - (v) Court-mandated or agency-recommended follow-up treatment.
 - (c) Discharge summary; and
 - (d) The plan for continuing care or treatment.
- (9) A CDC shall complete a discharge summary, within seven days of each patient's discharge from the agency, which includes:
- (a) The date of discharge or transfer;
 - (b) A summary of the patient's progress toward each treatment goal, except in detox; and
 - (c) In detox, a summary of the patient's physical condition.

[Statutory Authority: RCW 70.96A.040 and [70.96A.]090. 97-13-050, § 440-22-325, filed 6/13/97, effective 7/14/97. Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-325, filed 12/22/93, effective 2/1/94.]

WAC 440-22-335 Patient record content. The provider shall ensure patient record content includes:

- (1) Demographic information;
- (2) A chemical dependency assessment and history of involvement with alcohol and other drugs;
- (3) Documentation the patient was informed of the diagnostic assessment and options for referral or the reason not informed;
- (4) A report of a physical examination by a medical practitioner in accord with a nonresidential provider's policy on medical oversight, when a patient was dependent on barbiturates or benzodiazepines, or used intravenous drugs within thirty days of admission;
- (5) Documentation the patient was informed of federal confidentiality requirements and received a copy of the patient notice required under 42 CFR, Part 2;
- (6) Treatment service rules, translated when needed, signed and dated by the patient before beginning treatment;
- (7) Voluntary consent to treatment signed and dated by the patient, parent or legal guardian, except as authorized by law for protective custody and involuntary treatment;
- (8) Evidence of counselor disclosure information, acknowledged by the provider and patient by signature and date;
- (9) Evidence of a tuberculosis test and results;
- (10) Evidence of the HIV/AIDS brief risk intervention;
- (11) Initial and updated individual treatment plans, including results of the initial assessment and periodic reviews, addressing:
 - (a) Patient biopsychosocial problems;
 - (b) Short- and long-range treatment goals;
 - (c) Estimated dates for completion of each treatment goal;
 - (d) Approaches to resolve the problems;
 - (e) Identification of persons responsible for implementing the approaches;
 - (f) Medical orders, if appropriate; and
 - (g) Treatment plan reviews.
- (12) Documentation of referrals made for specialized care or services;
- (13) At least weekly individualized documentation of ongoing services in residential services, and as required in intensive outpatient and outpatient services, including:
 - (a) Date, duration, and content of counseling and other treatment sessions;
 - (b) Ongoing assessments of each patient's participation in and response to treatment and other activities;
 - (c) Progress notes as events occur, each shift in detox, and treatment plan reviews as specified under each treatment service of this WAC chapter; and
 - (d) Documentation of missed appointments.
- (14) Medication records, if applicable;
- (15) Laboratory reports, if applicable;
- (16) Properly completed authorizations for release of information;
- (17) Copies of all correspondence related to the patient, including reports of noncompliance;

(18) A copy of the continuing care plan signed and dated by the chemical dependency counselor and the patient; and

(19) The discharge summary.

[Statutory Authority: RCW 70.96A.040 and [70.96A.]090. 97-13-050, § 440-22-335, filed 6/13/97, effective 7/14/97. Statutory Authority: Chapter 70.96A RCW. 94-02-002 (Order 3672), § 440-22-335, filed 12/22/93, effective 2/1/94.]

WAC 440-22-406 Behavior management. (1) Upon application for a youth's admission, a provider shall:

(a) Advise the youth's parent and other referring persons of the programmatic and physical plant capabilities and constraints in regard to providing treatment with or without a youth's consent;

(b) Obtain the parent's or other referring person's agreement to participate in the treatment process as appropriate and possible; and

(c) Obtain the parent's or other referring person's agreement to return and take custody of the youth as necessary and appropriate on discharge or transfer.

(2) The administrator shall ensure policies and procedures are written and implemented which detail least to increasingly restrictive practices used by the provider to stabilize and protect youth who are a danger to self or others, including:

(a) Obtaining signed behavioral contracts from the youth, at admission and updated as necessary;

(b) Acknowledging positive behavior and fostering dignity and self respect;

(c) Supporting self-control and the rights of others;

(d) Increased individual counseling;

(e) Increased staff monitoring;

(f) Verbal de-escalation;

(g) Use of unlocked room for containment or seclusion;

(h) Use of restraints; and

(i) Emergency procedures, including notification of the parent, guardian or other referring person, and, when appropriate, law enforcement.

(3) The provider shall ensure staff are trained in safe and therapeutic techniques for dealing with a youth's behavioral and emotional crises, including:

(a) Verbal de-escalation;

(b) Crisis intervention;

(c) Anger management;

(d) Suicide assessment and intervention;

(e) Conflict management and problem solving skills;

(f) Management of assaultive behavior;

(g) Proper use of restraint; and

(h) Emergency procedures.

(4) To prevent a youth's unauthorized exit from the residential treatment site, the provider may have:

(a) An unlocked room for containment or seclusion;

(b) A secure perimeter, such as a nonscalable fence with locked gates; and

(c) Locked windows and exterior doors.

(5) Providers using holding mechanisms in subsection (4) of this section shall meet 1994 Uniform Building Code requirements or its successor, which include fire safety and special egress control devices, such as alarms and automatic releases.

(6) When less-restrictive measures are not sufficient to de-escalate a behavioral crisis, clinical staff may contain or seclude a youth in a quiet unlocked room which has a window for observation and:

(a) The clinical supervisor shall be notified immediately of the staff person's use of a quiet room for a youth, and shall determine its appropriateness;

(b) A chemical dependency counselor shall consult with the youth immediately and at least every ten minutes, for counseling, assistance, and to maintain direct communication; and

(c) The clinical supervisor or designated alternate shall evaluate the youth and determine the need for mental health consultation.

(7) Youth who demonstrate continuing refusal to participate in treatment or continuing to exhibit behaviors that present health and safety risks to self, other patients, or staff may be discharged or transferred to more appropriate care after:

(a) Interventions appropriate to the situation from those listed in subsection (2) of this section have been attempted without success;

(b) The person has been informed of the consequences and return options;

(c) The parents, guardian, or other referring person has been notified of the emergency and need to transfer or discharge the person; and

(d) Arrangements are made for the physical transfer of the person into the custody of the youth's parent, guardian, or other appropriate person or program.

(8) Involved staff shall document the circumstances surrounding each incident requiring intervention in the youth's record and include:

- (a) The precipitating circumstances;
- (b) Measures taken to resolve the incident;
- (c) Final resolution; and
- (d) Record of notification of appropriate others.

[Statutory Authority: RCW 70.96A.090. 97-03-062, § 440-22-406, filed 1/13/97, effective 2/13/97.]

446-16-040	Repealed.
446-16-050	Repealed.
446-16-070	Report contents—General.
446-16-080	Report time limitations.
446-16-100	Prosecutorial agencies—Reporting responsibilities.
446-16-110	Courts—Reporting responsibilities.
446-16-120	Audit of reporting compliance.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

446-16-040	Reporting of persons detained in custody. [Order 1, § 446-16-040, filed 2/11/74.] Repealed by 97-05-048, filed 2/18/97, effective 3/21/97. Statutory Authority: Chapters 10.97 and 43.43 RCW.
446-16-050	Report by social and health services on change of parole status—Other changes—Requirements. [Order 1, § 446-16-050, filed 2/11/74.] Repealed by 97-05-048, filed 2/18/97, effective 3/21/97. Statutory Authority: Chapters 10.97 and 43.43 RCW.

WAC 446-16-010 Definitions. For the purposes of these rules, the following words and phrases shall have the following meanings:

(1) "Criminal history record information" includes, and shall be restricted to identifying data and public record information recorded as the result of an arrest or other initiation of criminal proceedings and the consequent proceedings related thereto. "Criminal history record information" shall not include intelligence, analytical or investigative reports and files.

(2) "Criminal justice agencies" are those public agencies within or outside the state which perform, as a principal function, activities directly relating to the apprehension, prosecution, adjudication or rehabilitation of criminal offenders.

(3) "Disposition" shall mean that result which is reached at a determination of criminal proceedings against an individual at any stage in the criminal justice system and resulting in the culmination or final disposal of the criminal charge.

(4) "Section" shall mean the section on identification of the Washington state patrol established in RCW 43.43.700, et seq.

[Statutory Authority: Chapters 10.97 and 43.43 RCW. 97-05-048, § 446-16-010, filed 2/18/97, effective 3/21/97; Order 1, 446-16-010, filed 2/11/74.]

**Title 446 WAC
STATE PATROL**

Chapters

- 446-16 Washington state identification section.
- 446-20 Employment—Conviction records.

**Chapter 446-16 WAC
WASHINGTON STATE IDENTIFICATION
SECTION**

WAC

446-16-010	Definitions.
446-16-025	Expungement of arrest records.
446-16-030	Inspection by the subject of their record.

WAC 446-16-025 Expungement of arrest records.

(1) A person desiring the destruction of his fingerprints and/or other identifying data, pursuant to RCW 43.43.730, shall make his request therefor on a form furnished by the Washington state patrol identification and criminal history section.

(2) The request shall be completed, signed by the person whose record is sought to be expunged and his signature witnessed. It shall include the address of the applicant, the printed name and the address of the witness to the applicant's signature and such other information requested on the application as identifies the applicant and the offense for which the request of expungement is made.

(3) The request shall include reasonable proof that the person making the request for expungement is the same person whose fingerprints or other identifying data are