

**WSR 15-12-011**  
**EXPEDITED RULES**  
**HEALTH CARE AUTHORITY**

(Washington Apple Health)

[Filed May 21, 2015, 2:13 p.m.]

Title of Rule and Other Identifying Information: WAC 182-539-0200 AIDS—Health insurance premium payment program, 182-539-0300 Case management for persons living with HIV/AIDS, and 182-539-0350 HIV/AIDS case management reimbursement information.

NOTICE

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO Jason R. P. Crabbe, Rules Coordinator, Health Care Authority, P.O. Box 42716, Olympia, WA 98504-2716, or deliver to Cherry Street Plaza, 626 8th Avenue S.E., Olympia, WA 98504, e-mail arc@hca.wa.gov, fax (360) 586-9727, AND RECEIVED BY August 3, 2015.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: The agency is making housekeeping changes to correct agency names, update rule numbers, and make other clarifications that do not change the effect of the rules.

Reasons Supporting Proposal: These changes will provide the reader with correct information and improve clarity.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: Health care authority, governmental.

Name of Agency Personnel Responsible for Drafting, Implementation, and Enforcement: Melinda Froud, P.O. Box 42716, Olympia, WA 98504-2716, (360) 725-1408.

May 21, 2015  
 Jason R. P. Crabbe  
 Rules Coordinator

AMENDATORY SECTION (Amending WSR 11-14-075, filed 6/30/11, effective 7/1/11)

**WAC 182-539-0200 AIDS—Health insurance premium payment program.** (1) The purpose of the AIDS health insurance premium payment program is to help ~~((individuals))~~ people who are not eligible for the ~~((department's))~~ medicaid agency's Washington apple health medical programs and who are diagnosed with AIDS(;) pay their health insurance premiums.

(2) To be eligible for the AIDS health insurance premium payment program(~~(, individuals must))~~:

(a) ~~((Be))~~ A person must be:

(i) Diagnosed with AIDS as defined in WAC 246-100-011;

~~((b))~~ (ii) A resident of the state of Washington;

~~((e))~~ (iii) Responsible for all(;) or part of(;) the health insurance premium payment (without the ~~((department's))~~ agency's help);

~~((d))~~ (b) A person must not:

(i) Be eligible for one of the ~~((department's))~~ agency's other medical programs;

~~((e))~~ (ii) Have personal income that exceeds three hundred seventy percent of the federal poverty level; and

~~((f))~~ (iii) Have personal assets, after exemptions, exceeding fifteen thousand dollars(~~(. The following personal assets are exempt from the personal assets calculation)), except for:~~

~~((h))~~ (A) A home used as the person's primary residence; and

~~((i))~~ (B) A vehicle used as personal transportation.

(3) The ~~((department))~~ agency may contract with a not-for-profit community agency to administer the AIDS health insurance premium payment program. The ~~((department))~~ agency or its contractor determines ~~((an individual's))~~ a person's initial eligibility and redetermines eligibility on a periodic basis. To be eligible, ~~((individuals))~~ a person must:

(a) Cooperate with the ~~((department's))~~ agency's contractor;

(b) Cooperate with the eligibility determination and redetermination process; and

(c) Initially meet and continue to meet the eligibility criteria in subsection (2) of this section.

(4) ~~((Individuals,))~~ People diagnosed with AIDS(;) who are eligible for ~~((one of the department's))~~ an agency medical program(s) may ask the ~~((department))~~ agency to pay their health insurance premiums under a separate process. The client's community services office (CSO) ~~((is able to))~~ can assist the client with this process.

(5) ~~((Once an individual))~~ When a person is eligible ~~((to participate in))~~ for the AIDS health insurance premium payment program, eligibility ~~((would))~~ ceases only when ~~((one of the following occurs. The individual))~~ the person:

(a) Is deceased;

(b) Voluntarily quits the program;

(c) No longer meets the requirements of subsection (2) of this section; or

(d) Has benefits terminated ~~((due to))~~ because the ~~((legislature's termination of))~~ legislature terminated the funding for this program.

(6) The ~~((department))~~ agency sets a reasonable payment limit for health insurance premiums(~~(. The department sets its limit))~~ by tracking the charges billed to the ~~((department))~~ agency for ~~((department))~~ clients ~~((who have))~~ with AIDS. The ~~((department))~~ agency does not pay health insurance premiums that exceed fifty percent of the average of charges billed to the ~~((department))~~ agency for ~~((its))~~ clients with AIDS.

AMENDATORY SECTION (Amending WSR 11-14-075, filed 6/30/11, effective 7/1/11)

**WAC 182-539-0300 Case management for ~~((persons))~~ people living with HIV/AIDS.** The ~~((department))~~ medicaid agency provides HIV/AIDS case management to assist ~~((persons))~~ people infected with HIV to: Live as independently as possible; maintain and improve health; reduce behaviors that put the ~~((client))~~ person and others at risk; and gain access to needed medical, social, and educational services.

(1) To be eligible for ~~((department))~~ agency-reimbursed HIV/AIDS case management services, ~~((the))~~ a person must:

(a) Have a current medical diagnosis of HIV or AIDS;

(b) Be eligible for Title XIX (medicaid) coverage under either the categorically needy program (CNP) or the medically needy program (MNP); and

(c) Require:

(i) Assistance to obtain and effectively use necessary medical, social, and educational services; or

(ii) Ninety days of continued monitoring ~~((as provided in WAC 388-539-0350(2)))~~ under WAC 182-539-0350(2).

(2) The ~~((department))~~ agency has an interagency agreement with the Washington state department of health (DOH) to administer the HIV/AIDS case management program for ~~((the department's))~~ Title XIX (medicaid) clients.

(3) HIV/AIDS case management agencies who serve ~~((the department's))~~ Washington apple health clients must be approved ~~((to perform these services))~~ by HIV client services, DOH.

(4) HIV/AIDS case management providers must:

(a) Notify HIV positive ~~((persons))~~ people of their state-wide choice of available HIV/AIDS case management providers and document that notification in the client's record. This notification requirement does not obligate HIV/AIDS case management providers to accept all clients who request their services.

(b) Have a current, client-signed authorization form to release ~~((and))~~ obtain information ~~((form))~~. The provider must have a valid authorization on file for the months that case management services are billed to the ~~((department))~~ agency (see RCW 70.02.030). The fee referenced in RCW 70.02.030 is included in the ~~((department's reimbursement))~~ agency's payment to providers. ~~((The department's))~~ Clients ~~((may))~~ must not be charged for services or documents related to covered services.

(c) Maintain ~~((sufficient))~~ enough contact to ensure ~~((the effectiveness of))~~ effective, ongoing services ~~((per))~~ under subsection (5) of this section. The ~~((department))~~ agency requires a minimum of one contact per month between the HIV/AIDS case manager and the client. However, contact frequency must be ~~((sufficient))~~ enough to ensure ~~((implementation and ongoing maintenance of))~~ the individual service plan (ISP) is implemented and maintained.

(5) HIV/AIDS case management providers must document services as follows:

(a) Providers must ~~((initiate))~~ start a comprehensive assessment within two working days of the client's referral to HIV/AIDS case management services.

(b) Providers must complete the assessment before billing for ongoing case management services.

~~((c))~~ If the assessment does not meet ~~((these))~~ requirements under this subsection, the provider must document the reason~~((s))~~ or reasons for failure to do so.

~~((d))~~ The assessment must include the following elements as reported by the client:

(i) Demographic information ~~((e.g.))~~ for example, age, gender, education, family composition, housing~~((s))~~;

(ii) Physical status, ~~((the identity of))~~ the client's primary care provider, and current information on the client's medications~~((s))~~ and treatments;

(iii) HIV diagnosis (both the documented diagnosis ~~((at))~~ from the ~~((time of))~~ assessment and historical diagnosis information);

(iv) Psychological~~((social/cognitive))~~, social, and cognitive functioning and mental health history;

(v) Ability to perform daily activities;

(vi) Financial and employment status;

(vii) Medical benefits and insurance coverage;

(viii) Informal support systems ~~((e.g.))~~ for example, family, friends, and spiritual support);

(ix) Legal status, durable power of attorney, and any self-reported criminal history; and

(x) Self-reported behaviors ~~((which))~~ that could lead to HIV transmission or re-infection ~~((e.g.))~~ for example, drug~~((s))~~ or alcohol use).

~~((b))~~ (e) Providers must develop, monitor, and revise the client's ~~((individual service plan))~~ ISP~~((s))~~. The ISP identifies and documents the client's unmet needs and the resources needed to assist in meeting the client's needs. The case manager and the client must develop the ISP within two days of the comprehensive assessment, or the provider must document the reason this is not possible. An ISP must be:

(i) Signed by the client, documenting that the client is voluntarily requesting and receiving the ~~((department))~~ agency-reimbursed HIV/AIDS case management services; and

(ii) Reviewed monthly by the case manager through in-person or telephone contact with the client. ~~((Both))~~ The case manager must note the review and any changes ~~((must be noted by the case manager))~~;

(A) In the case record narrative; or

(B) By entering notations in, initialing, and dating the ISP.

~~((e Maintained))~~ (f) Providers must maintain ongoing narrative records ~~((These records))~~ and must document case management services provided in each month ~~((for which))~~ the provider bills the ~~((department))~~ agency. Records must:

(i) Be entered in chronological order and signed by the case manager;

(ii) Document the reason for the case manager's interaction with the client; and

(iii) Describe the plans in place or to be developed to meet unmet client needs.

AMENDATORY SECTION (Amending WSR 11-14-075, filed 6/30/11, effective 7/1/11)

**WAC 182-539-0350 HIV/AIDS case management reimbursement information.** (1) The ~~((department reim-~~

burses)) medicaid agency pays HIV/AIDS case management providers for the following three services:

(a) Comprehensive assessment~~((—))~~. The assessment must cover the areas outlined in WAC ~~((388-539-0300))~~ 182-539-0300 (1) and (5).

(i) The ~~((department reimburses))~~ agency pays for only one comprehensive assessment unless the client's situation changes as follows:

(A) There is a fifty percent change in need from the initial assessment; or

(B) The client transfers to a new case management provider.

(ii) ~~((The department reimburses for a comprehensive assessment in addition to a monthly charge for case management (either full-month or partial-month) if the))~~ If a comprehensive assessment is completed during a month the client is medicaid eligible and ((the)) ongoing case management has been provided, the agency pays for the assessment and the monthly case management charge (either full-month or partial-month).

(b) HIV/AIDS case management, full-month~~((—))~~. Providers may request the full-month ~~((reimbursement))~~ payment for any month ~~((in which))~~ when the ~~((criteria in WAC 388-539-0300))~~ requirements of WAC 182-539-0300 have been met and the case manager has an individual service plan (ISP) in place for twenty or more days in that month. The ~~((department reimburses))~~ agency pays only one full-month case management fee per client in any one month.

(c) HIV/AIDS case management, partial-month~~((—))~~. Providers may request the partial-month ~~((reimbursement))~~ payment for any month ~~((in which the criteria in WAC 388-539-0300))~~ when the requirements of WAC 182-539-0300 have been met and the case manager has an ISP in place for fewer than twenty days in that month. Using the partial-month reimbursement, the ~~((department may reimburse))~~ agency may pay two different case management providers for services to a client who changes from one provider to a new provider during that month.

(2) The ~~((department))~~ agency limits ~~((reimbursement))~~ payments to HIV/AIDS case managers when a client becomes stabilized and no longer needs an ISP with active service elements. The ~~((department))~~ agency limits ~~((reimbursement))~~ payment for monitoring to ninety days ~~((past the time))~~ after the last active service element of the ISP is completed. ~~((Case management providers who are monitoring a stabilized client must meet all of the following criteria in order to bill the department for up))~~ To bill the agency for a maximum of ninety days of monitoring, a provider must:

- (a) Document the client's history of recurring need;
- (b) Assess the client for possible future instability; and
- (c) Provide monthly monitoring contacts.

(3) The ~~((department))~~ agency reinstates ~~((reimbursement))~~ payment for ongoing case management if a client shifts from monitoring status to active case management status due to documented need~~((s))~~ or needs. Providers must meet the requirements in WAC ~~((388-539-0300))~~ 182-539-0300 when a client is reinstated to active case management.

## WSR 15-12-050

### EXPEDITED RULES

## WASHINGTON STATE PATROL

[Filed May 28, 2015, 10:11 a.m.]

Title of Rule and Other Identifying Information: Posting premises protected by guard animals.

### NOTICE

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO Melissa Van Gorkom, Washington State Patrol, P.O. Box 42600, Olympia, WA 98504-2600, AND RECEIVED BY August 3, 2015.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: There is a need to update these rules as to provide cleanup and clarification to existing language to ensure that the rules reference and comply with current laws in the state of Washington.

Reasons Supporting Proposal: Updates are to coincide with recommended practice for rule writing as well as to provide cleanup to the entire chapter.

Statutory Authority for Adoption: RCW 43.44.120.

Rule is not necessitated by federal law, federal or state court decision.

Name of Agency Personnel Responsible for Drafting: Melissa Van Gorkom, P.O. Box 42600, Olympia, WA 98504-2600, (360) 596-4017; Implementation and Enforcement: Washington State Patrol, P.O. Box 42600, Olympia, WA 98504-2600, (360) 596-4000.

May 27, 2015

John R. Batiste

Chief

AMENDATORY SECTION (Amending WSR 84-08-018, filed 3/27/84)

**WAC 212-75-005 Minimum specifications for approved signs.** To be approved by the state fire marshal, a sign warning of the presence of guard animals as required by RCW ~~((48.48.150 shall satisfy the following two conditions))~~ 43.44.120 must:

(1) ~~((The sign must))~~ Be at least ~~((3" by 5"-))~~ three inches in height by five inches in length~~((, though it may be larger))~~; and

(2) ~~((The sign must))~~ Bear the following caption in bold print at least ~~((1/2"-))~~ one-half inch~~((s))~~ high: "CAUTION! PREMISES PROTECTED BY GUARD ANIMALS."

REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 212-75-001 Purpose.

**WSR 15-12-052**  
**EXPEDITED RULES**  
**WASHINGTON STATE PATROL**

[Filed May 28, 2015, 10:13 a.m.]

Title of Rule and Other Identifying Information: Lighting requirements.

NOTICE

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO Melissa Van Gorkom, Washington State Patrol, P.O. Box 42600, Olympia, WA 98504-2600, AND RECEIVED BY August 3, 2015.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: Changes to chapter 204-21 WAC include format cleanup to change the word "shall" to "will" or "must," providing cleanup to existing language, renumbering WAC 204-21-160, and updating RCW and WAC references to ensure that they are current.

Reasons Supporting Proposal: Updates are to coincide with recommended practice for rule writing as well as to provide cleanup to the entire chapter.

Statutory Authority for Adoption: RCW 46.37.005 and 46.37.320.

Rule is not necessitated by federal law, federal or state court decision.

Name of Agency Personnel Responsible for Drafting: Michael Pry, P.O. Box 42600, Olympia, WA 98504-2600, (360) 596-4019; Implementation and Enforcement: Washington State Patrol, P.O. Box 42600, Olympia, WA 98504-2600, (360) 596-4000.

May 27, 2015  
John R. Batiste  
Chief

AMENDATORY SECTION (Amending WSR 08-19-104, filed 9/17/08, effective 10/18/08)

**WAC 204-21-160 Slow-moving vehicle emblems.** (1) Every farm tractor, ~~((every))~~ self-propelled unit of farm equipment, ~~((every))~~ implement of husbandry designed for operation at speeds not in excess of twenty-five miles per hour and every combination of farm tractor and towed farm equipment or towed implement of husbandry normally oper-

ated at speeds not in excess of twenty-five miles per hour ~~((shall))~~ must at all times be equipped with a slow-moving vehicle emblem.

(2) Other classes of vehicles not covered by RCW 46.37.160 such as road construction vehicles and road maintenance vehicles which normally operate at a speed of twenty-five miles per hour or less may be equipped with slow-moving vehicle emblems meeting the requirements of this section.

(3) In order to comply with the provisions of RCW 46.37.160(6), slow-moving vehicle emblems:

(a) Must be constructed in conformance with SAE Standard J943.

(b) Must be mounted point up in plane perpendicular to the direction of travel of the vehicle so that the reflectorized side of the emblem is facing to the rear.

(c) Must be mounted, as nearly as is practicable, centrally at the rear of the vehicle in an unobscured location.

(d) Must be mounted not less than two feet nor more than six feet above the ground on which the vehicle stands measured from the lower edge of the emblem.

(e) May be permanently attached to the vehicle. Where portable brackets are used, they must be so constructed that they will hold the emblem securely and in a position meeting the requirements of all other mounting instructions under this section.

(f) Must be placed on the towed unit if the towed unit is sufficiently large to obscure the slow-moving vehicle emblem on the farm tractor, the towed unit must be equipped with a slow-moving vehicle emblem. In such cases, the towing vehicle need not display the emblem. Where the slow-moving vehicle emblem on the farm tractor unit is not obscured by the towed unit, then either or both may be equipped with the required emblem.

~~((f))~~ (g) Must not replace any of the required lamps or other devices required in chapter 46.37 RCW.

~~((g))~~ (h) Must not be used as a clearance marker for wide equipment.

AMENDATORY SECTION (Amending WSR 08-19-104, filed 9/17/08, effective 10/18/08)

**WAC 204-21-170 Additional lighting for snow removal, highway maintenance and refuse haulers.** (1) Additional headlamps may be positioned sufficiently high enough to clear operating equipment provided they are aimed at an angle to avoid blinding oncoming traffic while on their routes, involved in construction, maintenance, and/or operations. Except, refuse haulers must:

(a) Use regular mounted headlamps when transporting refuse to the dump site. Auxiliary headlamps may be used if necessary.

(b) Use the alternate lights when the refuse haulers' collections container is in a position to obscure the headlamps, and will not exceed twenty miles per hour.

(2) Additional operating lamps may be located on the top of the cab or at other locations to illuminate plowing, abrasive spreading or other equipment.

(3) No flashing red warning signal except those required by RCW 46.37.150 (~~shall~~) will be displayed or used on any highway equipment.

(4) Amber colored lamps must:

(a) Be mounted on the cab or other high point of the equipment so as to be visible at all times, at least from the front and rear of the vehicle, from a distance of five hundred feet in normal sunlight, unless otherwise prescribed below.

(b) Have a minimum light intensity of the lamp filament not be less than twenty-one candle power.

(c) Be used on the following vehicles:

(i) Power shovels or other similar highway maintenance equipment. The amber lamp and a red flag are to indicate an extension which designates the maximum danger limit created by the swing of the cab while operating along the traffic lane.

(ii) Other highway equipment which creates a potential hazard to traffic including those vehicles and trailers for construction, maintenance, and operations.

(iii) Knuckle of all man lift-type platform trucks with articulating boom, where the knuckle is capable of being rotated beyond the side of the truck.

(d) Only be illuminated:

(i) When the equipment is actually involved in construction, maintenance, collecting refuse, and/or operations.

(ii) When the equipment is traveling to or from the job site and is unable to maintain, either because of equipment limitations, or other reasons, at least one-half posted or prevailing speed.

**AMENDATORY SECTION** (Amending WSR 08-19-104, filed 9/17/08, effective 10/18/08)

**WAC 204-21-180 Deceleration alert lamp system. (1)**

Deceleration warning lights must:

(a) Be installed as follows:

(i) Only one such system may be mounted on a motor vehicle, trailer, semitrailer, truck tractor, or pole trailer.

(ii) Provision must be made for rigid or shock-absorbing mounting.

(iii) The axis of the light beam must be parallel to the roadway and the longitudinal axis of the vehicle.

(iv) The lamp must be mounted on the centerline of the rear exterior of the vehicle or with the optical center of the lamp not more than fifteen inches from the centerline.

(v) The deceleration warning light system must be mounted as nearly as practicable at the same height as the existing stop lamps on the vehicle.

(vi) Visibility of the deceleration lamps to the rear must not be obstructed by any part of the vehicle or load thereon.

(b) Meet Type I or Type II requirements and test methods for a deceleration alert system.

(i) Type I - the system must:

(A) Be mounted on the rear of the vehicle as close as possible to the vertical centerline of the vehicle.

(B) Be mounted at a height of not more than seventy-two inches nor less than fifteen inches.

(C) Have a center-to-center (optical axis) distance between two adjacent compartments (~~should not exceed~~) not exceeding six inches.

(D) Have three compartments. The center compartment emits a green light and is energized when the vehicle operator has the accelerator depressed. The two outer compartments emit an amber light and are energized when the operator releases the accelerator and prior to applying pressure to the foot brake pedal. When the amber lights are energized, the green light is deenergized. When pressure is applied to the foot brake pedal, the amber lights are deenergized and the vehicle's stop lamps operate in the normal manner. SAE Standard J578d is adopted for color chromaticity boundaries.

(E) Meet the requirements under the following sections of SAE J575g: Section B, samples for test; Section C, lamp bulbs; Section D, laboratory facilities; Section E, vibration test; Section F, moisture test; Section G, dust test; Section H, corrosion test; and Section J, photometry. If plastic material is used in optical parts it must comply with the requirements set forth in SAE J576c.

(F) Measure the beam candle power with the H-V axis taken as paralleled to the longitudinal axis of the vehicle. The candle power measurements for the center green compartment must be made with the incandescent filament of the lamp at least ten feet from the photometric screen.

Beam candle power measurements of the two amber compartments (~~shall~~) must be made by either of the following methods:

(I) The two compartments may be photometered together provided that a line from the optical axis (filament centers) of each compartment to the center of the photometer sensing device does not make an angle of more than 0.6° with the photometer (H-V) axis.

(II) Each compartment may be photometered separately by aligning its axis with the photometer and adding the value at each test point.

Table 1 lists the design candle power requirements for the two outer amber lights, and Table 2 lists the design candle power requirements for the center green light.

Table 1			Table 2		
Minimum Design Candle power Requirements for Amber Light			Minimum Design Candle power Requirements for Green Light		
Test	Points	Candle power	Test	Points	Candle power
10 up and	10L	25	10 up and	10L	1
	V	65		V	1.5
10 down	10R	25	10 down	10R	1
	20L	25		20L	1
	10L	65		10L	2
5 up and	5L	85	5 up and	5L	4
	V	125		V	4
5 down	5R	85	5 down	5R	4
	10R	65		10R	2
	20R	25		20R	1
	20L	25		20L	2
	10L	75		10L	3
	5L	125		5L	5
	H-V	175		H-V	5

Table 1 Minimum Design Candle power Requirements for Amber Light			Table 2 Minimum Design Candle power Requirements for Green Light		
Test	Points	Candle power	Test	Points	Candle power
	5R	125		5R	5
	10R	75		10R	3
	20R	25		20R	2
	Maximum	450		Maximum	45

(ii) Type II - The system must:

(A) Operate so as to indicate a component of deceleration of the vehicle on which it is installed by varying the flashing rate of a yellow lamp when the service brakes are applied.

(B) Incorporate an automatic means for reducing the intensity of the lamp during darkness. The system must cause the voltage to the deceleration lamps to decrease to 5.0 V ± 10% at 0 g deceleration during darkness. The specified voltage must be reached when the illumination on the sensor is not more than 5 lm/sq. ft., nor less than 0.5 lm/sq. ft.

(C) Have an output voltage, duty cycle, and flash rate of the control unit as a temperature of 24° ± 5.5°C (75° ± 10°F), when 12.8 V dc is applied to the input terminal, as shown in Table I when the control sensor is placed on a tilt table and slightly vibrated as the table is slowly rotated through the angles representing the specified vehicle deceleration rates.

TABLE I

Test Requirements for Deceleration Lamps				
Deceleration (g)	Output (V)	Peak Relative Brightness	Flash Rate (Hz)	On Time (%)
0.0	7.0	1.0	1.0	50
0.1	—	1.0	1.5	48
0.2	—	1.0	2.3	46
0.3	—	1.2	3.4	44
0.4	—	1.4	5.0	42
0.5	—	1.7	7.6	40

(D) Have a deceleration at which the unit switches from a lower to a higher flash rate that is within ± 0.05 g of the rate specified in Table I. If the unit operates at more steps than the required minimum, the additional values for each column (~~shall~~) must lie on the smooth curve connecting the indicated values within the specified tolerances. The values specified in Table II apply to ramp-type inertial sensors for which the downward angles correspond to the deceleration and a tolerance of 3.0° applies to the tilt angle.

TABLE II

Test Requirements for Deceleration Sensors			
Deceleration (g)	DEGREES		
	Forward Tilt Angle	Dip Correction	Corrected Tilt Angle
0.0	0.0	0.0	0.0
0.1	5.7	0.8	6.5
0.2	11.3	1.6	12.9
0.3	16.7	2.4	19.1

Test Requirements for Deceleration Sensors			
Deceleration (g)	DEGREES		
	Forward Tilt Angle	Dip Correction	Corrected Tilt Angle
0.4	21.8	3.2	25.0
0.5	26.6	4.0	30.6

(E) Have the rms of the output voltage during the on portion of the flash cycle at the 1 Hz flash rate within ± 5% of the specified value, measured at the lamp bulbs with daytime illumination on the automatic darkness sensor.

(F) Have a relative brightness of the lamp or bulbs at the decelerations within ± 25% of the specified values after the fifth flash with the brightness of the lamp or its bulbs taken as 1.0 when measured with the rms output voltage specified for 0 g deceleration.

(G) Have a flash rate within ± 15% of the specified value. The percent on time must be within ± 10% of the specified value.

(H) Have linear dip corrections varying from 4° at 0.5 g or more deceleration to 0° at 0 g on passenger vehicles and pickup trucks that have substantial front end dip upon braking.

(I) Comply with the following mechanical tests in SAE Standard J575g (tests for motor vehicle lighting devices and components): Corrosion, dust, moisture, vibration, and warp-age (at a flashing rate of 1 Hz when a plastic lens or housing is used).

(J) Meet the following control system requirements at both 11 V and 15 V:

(I) Low temperature test. The control system must be placed in its normal operating position in a circulating air cabinet at -32° ± 3°C (-25° ± 5°F) for 2 hours. At the end of that period and while still at that temperature, the unit must meet the requirements in Table I at 0 g and 0.3 g.

(II) High temperature test. The control system must be placed in its normal operating position in a circulating air cabinet at 74° 0°, -2.8°C (165° 0°, -5°F) for 2 hours. At the end of that period and while at that temperature, the unit must meet the requirements in Table I at 0 g and 0.3 g.

(K) Operate the control system continuously at a supply voltage of 12.8 V dc for 200 hours with no failure (except bulb replacement), after which it must meet the requirements in Table I at 0 g and 0.3 g.

(L) Meet the photometric requirements in Table III after the sample has been mechanically tested in the order shown in (b)(ii)(J) of this subsection for the luminous intensity of a deceleration lamp with the bulbs operated at mean spherical candela.

TABLE III

Photometric Requirements for Deceleration Signal Lamps					
Test Point Coordinates		Max Cd		Min Cd	
Vertical	Horizontal	Amber	Red	Amber	Red
	10L	70	35	25	12.5
10U	V	200	100	60	30
	10R	70	35	25	12.5
	20L	40	20	15	7.5
	10L	200	100	60	30

Photometric Requirements for Deceleration Signal Lamps

	Test Point Coordinates		Max		Cd		Min	
	Vertical	Horizontal	Amber	Red	Amber	Red	Amber	Red
5U		5L	600	300	200	100		
		V	800	400	350	175		
		5R	600	300	200	100		
		10R	200	100	60	30		
		20R	40	20	15	7.5		
H		20L	40	20	15	7.5		
		10L	200	100	60	30		
		5L	800	400	350	175		
		V	1,300	650	600	300		
		5R	800	400	350	175		
		10R	200	100	60	30		
		20R	40	20	15	7.5		
		20L	40	20	15	7.5		
		10L	200	200	60	30		
		5L	600	300	200	100		
5D		V	800	400	350	175		
		5R	600	300	200	100		
		10R	200	100	60	30		
		20R	40	20	15	7.5		
		10L	70	35	25	12.5		
10D		V	200	100	60	30		
		10R	70	35	25	12.5		

**AMENDATORY SECTION** (Amending WSR 08-19-104, filed 9/17/08, effective 10/18/08)

**WAC 204-21-200 Private carrier bus lamps.** (1) All signal lamps on private carrier buses must be constructed in conformance with the SAE Standard for "school bus red signal lamps," in effect at the time of manufacture of such lamps, and must:

- (a) Be mounted on the front and rear of the bus, above the windows, as high and as widely spaced laterally as practicable but in no case (~~shall~~) will the lateral spacing of these lamps be less than forty inches.
- (b) Be mounted so that the vision of front signals to the front and rear signals to the rear (~~are not unobstructed~~) is not obstructed by any part of the vehicle from 5° above to 10° below the horizontal and from 30° to the right to 30° to the left of the centerline of the bus.
- (c) Have the switch which activates the signal lamps be actuated by movement of the stop signal to the extended position.
- (d) Be no switch between the signal lamps and the switch which activates these lamps when the stop signal is extended.
- (e) Be a flashing red indicator lamp on the instrument panel of the vehicle which will indicate to the driver that the signal lamps are operating.
- (f) Operate through a flasher unit which will cause the front signal lamps to flash alternately and the rear signal lamps to flash alternately at a rate no slower than sixty nor faster than one hundred twenty times per minute. The "on"

period of the flasher must be long enough to permit the bulb filament to come up to a full brightness.

- (g) Signal lamps must be aimed two inches below level at twenty-five feet and straight ahead. An aiming tolerance of from three inches up to seven inches down and ten inches right or left will be allowed.
- (h) Only be actuated by the driver of a private carrier bus whenever such vehicle is stopped on the highway for the purpose of receiving or discharging passengers, except:
- (i) When the passengers boarding or alighting do not have to cross a highway and the bus is stopped completely off the main traveled portion of the roadway; or
- (ii) When the bus is stopped at an intersection or place where traffic is controlled by a traffic officer or official control signal.

((EXCEPTION: Buses that do not stop upon the roadway to load or discharge passengers are exempt from the requirements of this section.))

(2) Rear turn signal lamp and stop lamp lenses must be amber in color to avoid confusion with signal lamps and the message on the warning sign.

**AMENDATORY SECTION** (Amending WSR 08-19-104, filed 9/17/08, effective 10/18/08)

**WAC 204-21-220 Trailer tongue lamps.** A lamp must be used on the tongue of any trailer where the distance between the front of the trailer body and the rear of the body of the towing vehicle is fifteen feet or greater, and where the top of the tongue is less than twenty-four inches above the ground at any point between the front of the body of the trailer and the rear of the body of the towing vehicle. This lamp must:

- (1) Be amber in color and be in operation whenever the combination of vehicles is in motion, and must be visible to each side of the combination.
- (2) Have a minimum diameter of two and one-half inches.
- (3) Have a steady burn or may be flashing provided that the flashing lamp only flashes by means of an electronic or electric flasher. Strobe lamps and rotating type lamps are not permitted.
- (4) Be mounted as nearly as practicable in the center of the distance between the vehicle bodies. Lamps mounted on extendable tongues will necessarily vary in distance between the bodies in relation to the amount of extension used; however, in no case (~~shall~~) will the lamp be over five feet from the center of the distance between vehicle bodies nor more than fifteen feet from either of the vehicle bodies.
- (5) Be mounted at a minimum height of twenty-one inches above the roadway, and maximum height of forty-eight inches above the roadway.

**AMENDATORY SECTION** (Amending WSR 08-19-104, filed 9/17/08, effective 10/18/08)

**WAC 204-21-230 Lighting equipment prohibited.** (1) The addition of a lamp, reflective device or other motor vehicle equipment must not impair the effectiveness of lighting

equipment required by 49 C.F.R. Part 571.108 or chapter 46.37 RCW.

(a) If a vehicle is in motion on a public roadway, the vehicle must not:

(i) Display aftermarket neon lighting devices.

(ii) Combine any type of letter, number, sign, symbol or combination thereof with an eye level brake light meeting the standards of 49 C.F.R. Part 571.108 (FMVSS 108). No function other than red reflex reflectors (~~(shall)~~ will) be combined in eye level brake lights.

(iii) Have a lighted or electrically/mechanically powered sign or message board enabling change or movement of any displayed message to be displayed or affixed to the vehicle. Except:

(A) Vehicles that are used in conjunction with officially sanctioned or sponsored motor vehicle traffic control or movement may display lighted or electrically powered signs to assist in the efficient control of traffic movement on public roadways. The signs must be designed, worded, and located to limit misinterpretation and confusion by the motoring public.

(B) Electric signs may be unitized to identify taxicabs and the destinations of mass transportation vehicles. These signs must not contain any commercial or personal message and must be designed, worded, and located so that it is clearly differentiated from other required motor vehicle lights.

(b) If a vehicle is not in motion and parked on private property, the vehicle may use aftermarket lighting except as outlined under RCW (~~(47.36.180)~~) 46.37.180.

(c) This section is not intended to prohibit a scrolling sign provided that the scrolling sign must:

(i) Be powered by an external source or in a manner which does not cause the required equipment on the vehicle to be out of compliance with 49 C.F.R. Part 571, chapter 46.37 RCW or Title 204 WAC.

(ii) Not be lit.

(iii) Not have continual motion.

(2) Pursuant to Title 49 C.F.R. Part 571.108, the addition of an aftermarket style ornament or other feature such as tinted plastic glass covers, a grille or (~~(aHotted)~~) slotted covers must not be placed in front of the headlamp lens, or in front of any other lighting devices installed on motor vehicles which impair the effectiveness of lighting equipment required under 49 C.F.R. Part 571.108 (FMVSS 108) or chapter 46.37 RCW. Except:

(a) Clear aftermarket headlamp covers.

(b) Headlamp wipers may be used in front of the lens provided that the headlamp system is designed to conform to all applicable photometric requirements in 49 C.F.R. Part 571.108 (FMVSS 108) with the wiper stopped in any position in front of the lens.

(c) A bike rack may be installed on the front of a municipal transit vehicle (as defined under RCW 46.04.355) provided that even with the bike rack installed, loaded or unloaded with bicycles, the headlight system still conforms with all applicable photometric requirements in 49 C.F.R. Part 571.108 (FMVSS 108).

(3) Red emergency lights are prohibited on any vehicle other than an authorized emergency vehicle, a law enforcement vehicle, an emergency tow truck as defined in WAC

(~~(204-88-030 (1), (2), and (5))~~) 204-21-020(8), school buses, and private carrier buses.

(4) Blue lights are prohibited on any vehicle other than a law enforcement vehicle as defined in WAC (~~(204-21-010)~~) 204-21-020.

(5) Flashing white lights are prohibited on any vehicle other than authorized emergency vehicles, law enforcement vehicles, school buses, and emergency tow trucks as defined in WAC (~~(204-88-030 (1), (2), and (5))~~) 204-21-020.

## WSR 15-12-067

### EXPEDITED RULES

### DEPARTMENT OF

### SOCIAL AND HEALTH SERVICES

(Operations Support and Services Division)

[Filed May 29, 2015, 9:22 a.m.]

Title of Rule and Other Identifying Information: Chapter 388-03 WAC, Certification of DSHS spoken language interpreters, translators, employees, and licensed agency personnel (LAPL).

### NOTICE

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO Rules Coordinator, Department of Social and Health Services, P.O. Box 45850, Olympia, WA 98504-5850, or deliver to 1115 Washington, Olympia, WA 98504, e-mail DSHSRPAURulesCoordinator@dshs.wa.gov, fax (360) 664-6185, AND RECEIVED BY 5:00 p.m., August 4, 2015.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: 1. Add the definition of "language specialist" to WAC 388-03-030;

2. Delete "Per the nature of services LAPL provide to department clients, they are treated as department position 5 employees and are certified as such" from the definition of "Licensed agency personnel (LAPL)" from WAC 388-03-030;

3. Delete the second "employees" in WAC 388-03-060(2); and

4. Repeal WAC 388-03-124.

The rule making meets the expedited rule-making criteria because it relates only to internal DSHS operations or employee actions and cannot be violated by anyone outside DSHS. There is no requirement that DSHS employees need to register for testing. No impacts are anticipated.

Reasons Supporting Proposal: Proposal supports internal DSHS operations.



Statutory Authority for Adoption: RCW 74.04.025; Title VI of the Civil Rights Act of 1964; RCW 74.08.090; 45 C.F.R. Section 80.3 (b)(2).

Statute Being Implemented: RCW 74.04.025.

Rule is necessary because of federal law and federal court decision: Title VI of the Civil Rights Act of 1964; *Reyes vs. Thompson* Consent Order.

Name of Proponent: Department of social and health services, governmental.

Name of Agency Personnel Responsible for Drafting: Hungling Fu, Human Services Building, Office Building 2, (360) 664-6035; Implementation and Enforcement: Maria Siguenza, Human Services Building, Office Building 2, (360) 664-6038.

May 27, 2015  
Katherine I. Vasquez  
Rules Coordinator

AMENDATORY SECTION (Amending WSR 15-07-008, filed 3/6/15, effective 4/6/15)

**WAC 388-03-030 What definitions are important to understanding these rules?** The following definitions are important to this chapter:

**"Authorized interpreter"** means a person who has met the training and language examination requirements for screened languages.

**"Certified/authorized bilingual employee"** means a department employee who has passed a department bilingual employee examination in either a certified or a screened language.

**"Certified interpreter"** means a person who has met the training requirements and has passed one or both of the following examinations:

- (1) The department's social services interpreter certification examination in a certified language; or
- (2) The department's medical interpreter certification examination in a certified language.

**"Certified languages for interpreters"** means any of the languages listed under certified languages on the official LTC web site and in the official LTC examination manual.

**"Certified languages for translators"** means any of the languages listed under certified languages on the official LTC web site and in the official LTC examination manual.

**"Certified translator"** means a person who has met the training requirements and has passed the department's translator certification examination in a certified language.

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

**"Employee"** means a department bilingual employee whose position requires the use of bilingual skills as part of the job functions.

**"Examination manual"** means the language testing and certification section's professional language certification examination manual. To obtain a copy of this manual, visit the LTC web site.

**"Interpretation"** means the process of transferring a message orally from one language into another.

**"Language access provider"** means, pursuant to RCW 41.56.030(10) and solely for the purpose of public employ-

ees' collective bargaining, any independent contractor who provides spoken language interpreter services for department of social and health services appointments or medicaid enrollee appointments.

**"Language specialist"** means a high school or above language instructor who possesses a BA or higher academic degree majoring in language/linguistics studies of any language.

**"Language testing and certification (LTC)"** means the section within the department that is responsible for managing the bilingual skills testing and certification of employees, LAPL, and contracted interpreters and translators.

**"Licensed agency personnel (LAPL)"** means an employee of a county government agency/program that contracts with the department to provide services to department clients. ~~((Per the nature of services LAPL provide to department clients, they are treated as department position cluster 5 employees and are certified as such.))~~

**"Limited English proficient (LEP) client"** means a person applying for or receiving department services, either directly or indirectly, who, because of a non-English speaking cultural background, cannot readily speak or understand the English language.

**"Medical interpreter"** means an interpreter who renders language interpretation services in a health care setting.

**"Position cluster"** means a group of DSHS jobs/positions that share the same or similar nature of job functions or responsibilities.

**"Recognized interpreter"** for spoken languages means a person who is certified by:

- (1) The Washington state administrative office of the courts (AOC) as a court interpreter; or
- (2) The Administrative Office of the United States Courts as a federal court interpreter; or
- (3) A national interpreter certification body as a health care interpreter and is recognized by the department; or
- (4) A nonprofit organization that uses a credible certification program to certify professional interpreters and is recognized by the department; or
- (5) Another state or U.S. territory or another country whose certification program is comparable to DSHS certification and based upon similar requirements.

**"Recognized translator"** for spoken languages means a person who is certified by:

- (1) The American Translators Association (ATA); or
- (2) A nonprofit organization that uses a credible certification program to certify professional translators and is recognized by the department; or
- (3) Another state or U.S. territory or another country whose certification program is comparable to DSHS certification and based upon similar requirements.

**"Screened language"** means any spoken language or any dialect within a spoken language that is not one of the certified languages.

**"Social service interpreter"** means an interpreter who renders language interpretation services in settings where human services programs are provided.

**"Source language"** means the language from which an interpretation and/or translation is rendered.

"Target language" means the language into which an interpretation and/or translation is rendered.

"Translation" means the process of transferring a written message from one language into another.

AMENDATORY SECTION (Amending WSR 15-07-008, filed 3/6/15, effective 4/6/15)

**WAC 388-03-060 What is the responsibility of the language testing and certification (LTC) section in certifying and authorizing interpreters, translators, employees, and LAPL?** Language testing and certification (LTC) is the section within DSHS responsible for:

(1) Establishing and publishing systems, methods, and procedures for certifying, screening and/or evaluating the interpretation and/or translation skills of employees, LAPL, interpreters and translators who work with department clients, employees, and service providers;

(2) Ensuring that certified/authorized interpreters, translators, employees, and LAPL are aware of DSHS's code of professional conduct for interpreters, translators, ((employees;)) and LAPL;

(3) Overseeing that the test development process is empirically sound, the test instruments are valid and reliable, and the test administration procedures and test evaluation criteria are consistent with the standards established by the department;

(4) Coordinating and managing precertification/authorization training requirements, postcertification/authorization continuing education requirements, and coordinating the decertification process for interpreters/translators; and

(5) Maintaining the online interpreter data base for public access.

REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 388-03-124 How do I register for a certification or screening examination if I am a department employee or an applicant for a bilingual position with the department?

**WSR 15-12-083  
EXPEDITED RULES  
WASHINGTON STATE PATROL**

[Filed June 1, 2015, 2:43 p.m.]

Title of Rule and Other Identifying Information: Exemption to weighing requirement.

**NOTICE**

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE

RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO Melissa Van Gorkom, Washington State Patrol, P.O. Box 42600, Olympia, WA 98504-2600, AND RECEIVED BY August 3, 2015.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: There is a need to update these rules as to provide cleanup and clarification to existing language to ensure that the rules comply with current laws in the state of Washington.

Reasons Supporting Proposal: Updates are to coincide with recommended practice for rule writing as well as to provide cleanup to the entire chapter.

Statutory Authority for Adoption: RCW 46.44.105.

Rule is not necessitated by federal law, federal or state court decision.

Name of Agency Personnel Responsible for Drafting: Melissa Van Gorkom, P.O. Box 42600, Olympia, WA 98504-2600, (360) 596-4017; Implementation and Enforcement: Washington State Patrol, P.O. Box 42600, Olympia, WA 98504-2600, (360) 596-4000.

May 27, 2015  
John R. Batiste  
Chief

AMENDATORY SECTION (Amending WSR 93-18-043, filed 8/27/93, effective 9/27/93)

**WAC 446-80-005 Promulgation.** By authority of RCW 46.44.105(((12))) (11), the Washington state patrol hereby adopts the following rules establishing standards for size, weight, and load enforcement activities authorized in chapter 46.44 RCW.

AMENDATORY SECTION (Amending WSR 93-18-043, filed 8/27/93, effective 9/27/93)

**WAC 446-80-010 Stopping at scales exemption.** The requirement to stop at a weighing facility when traffic control signs indicate the weighing facility is open does not apply to((:)) unladen trucks towing or carrying a pole trailer, as defined in RCW 46.04.414, whose design and use is for transporting logs, except at the ((points of entry)) following weighing facilities ((listed below

Points of entry are)):

<del>((Vancouver))</del> <u>Ridgefield</u> Port of Entry	I-5 MP 15
Bow Hill Port of Entry	I-5 MP 235
Plymouth Port of Entry	I-82 MP 1
Spokane Port of Entry	I-90 MP 300
Wallula <del>((Port of Entry))</del>	SR-12 MP 308
Home Valley	SR-14 MP 50
Goldendale	SR-97 MP 13

Tonasket SR-97 MP 315  
 Kettle Falls SR-395 MP 239

**WSR 15-12-098**  
**EXPEDITED RULES**  
**HEALTH CARE AUTHORITY**  
 (Washington Apple Health)  
 [Filed June 2, 2015, 12:14 p.m.]

Title of Rule and Other Identifying Information: WAC 182-519-0050 Monthly income and countable resource standards for medically needy, 182-519-0100 Eligibility for the medically needy program, and 182-519-0110 Spenddown of excess income for the medically needy program.

**NOTICE**

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO Wendy Barcus, Rules Coordinator, Health Care Authority, P.O. Box 42716, Olympia, WA 98504-2716, or deliver to Cherry Street Plaza, 626 8th Avenue S.E., Olympia, WA 98504, e-mail arc@hca.wa.gov, fax (360) 586-9727, AND RECEIVED BY Monday, August 3, 2015.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: The agency is filing this amendment to correct department names, rule numbers, and other housekeeping changes. This proposal does not change the effect of these rules.

Reasons Supporting Proposal: This revision will provide clear and accurate information for the reader.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160.

Statute Being Implemented: RCW 41.05.021, 41.05.160.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: Health care authority, governmental.

Name of Agency Personnel Responsible for Drafting, Implementation, and Enforcement: Melinda Froud, P.O. Box 42716, Olympia, WA 98504-2716, (360) 725-1408.

June 2, 2015  
 Wendy Barcus  
 Rules Coordinator

AMENDATORY SECTION (Amending WSR 12-20-001, filed 9/19/12, effective 10/20/12)

**WAC 182-519-0050 Monthly income and countable resource standards for medically needy (MN).** (1)

Changes to the medically needy income level (MNIL) occur on January 1st of each calendar year when the Social Security Administration (SSA) issues a cost-of-living adjustment (~~for that year~~).

(2) Medically needy (MN) standards for ~~((persons))~~ people who meet institutional status requirements are in WAC ~~((388-513-1395))~~ 182-513-1395. The standard for a client who lives in an alternate living facility ~~((can be found))~~ is in WAC ~~((388-513-1305))~~ 182-513-1305.

(3) The resource standards for institutional programs are ~~((found))~~ in WAC ~~((388-513-1350))~~ 182-513-1350. The institutional standard chart ~~((can be))~~ is found at: <http://www.dshs.wa.gov/manuals/eaz/sections/LongTermCare/LTCstandardspna.shtml>.

(4) Countable resource standards for the noninstitutional MN program are:

- (a) One person \$2,000
- (b) A legally married couple \$3,000
- (c) For each additional family member add \$50

(5) ~~((For individuals))~~ People who do not meet institutional status requirements ~~((;))~~ use the "effective" MNIL income standard ~~((used))~~ to determine eligibility for the ~~((medically needy))~~ MN program ~~((is the "effective" MNIL))~~. The "effective" MNIL is the one-person federal benefit rate (FBR) established by SSA each year, or the MNIL listed below, whichever amount is higher. The FBR is the supplemental security income (SSI) payment standard. For example, in 2012, the FBR is six hundred ninety-eight dollars.

1	2	3	4	5	6	7	8	9	10
467	592	667	742	858	975	1125	1242	1358	1483

AMENDATORY SECTION (Amending WSR 12-20-001, filed 9/19/12, effective 10/20/12)

**WAC 182-519-0100 Eligibility for the medically needy program.** (1) ~~((An individual))~~ A person who meets the following conditions may be eligible for medically needy (MN) coverage under the special rules in chapters ~~((388-513-WAC))~~ 182-513 and ~~((388-515))~~ 182-515 WAC:

(a) Meets the institutional status requirements of WAC ~~((388-513-1320))~~ 182-513-1320;

(b) Resides in a medical institution as described in WAC ~~((388-513-1395))~~ 182-513-1395; or

(c) Receives waiver services under a medically needy in-home waiver (MNIW) ~~((according to WAC 388-515-1550))~~ under WAC 182-515-1550 or a medically needy residential waiver (MNRW) ~~((according to WAC 388-515-1540))~~ under WAC 182-515-1540.

(2) ~~((An SSI-related individual))~~ A supplemental security income (SSI)-related person who lives in a ~~((department contracted))~~ medicaid agency-contracted alternate living facility may be eligible for MN coverage under ~~((the rules described in WAC 388-513-1305))~~ WAC 182-513-1305.

(3) ~~((An individual))~~ A person may be eligible for MN coverage under this chapter when he or she is:

(a) Not covered under subsection (1) and (2) of this section; and

(b) Eligible for categorically needy (CN) medical coverage in all other respects, except that his or her CN countable income is above the CN income standard.

(4) MN coverage may be available if the ~~((individual))~~ person is:

- (a) A child;
- (b) A pregnant woman;
- (c) A refugee;

(d) An SSI-related ~~((individual))~~ person, including an aged, blind, or disabled ~~((individual))~~ person, with countable income under the CN income standard, who is an ineligible spouse of an SSI recipient; or

(e) A hospice client with countable income ~~((which is))~~ above the special income level (SIL).

(5) ~~((An individual))~~ A person who is not eligible for CN medical ~~((and))~~ who ~~((is applying))~~ applies for MN coverage has the right to income deductions in addition to, or instead of, those used to ~~((arrive at))~~ calculate CN countable income. These deductions to income are applied to each month of the base period to ~~((determine))~~ calculate MN countable income ~~((The following deductions are used to calculate countable income for MN))~~:

(a) The agency disregards the difference between the medically needy income level (MNIL) described in WAC 182-519-0050 and the federal benefit rate (FBR) established by the Social Security Administration each year. The FBR is the one-person ~~((Supplemental Security Income-))~~ SSI ~~((+))~~ payment standard;

(b) All health insurance premiums, ~~((with the exception of))~~ except for medicare Part A ~~((, Part B, Part C and))~~ through Part D premiums, expected to be paid by the ~~((individual))~~ person or family member during the base period ~~((+))~~ or periods;

(c) Any allocations to a spouse or to dependents for an SSI-related ~~((individual))~~ person who is married or who has dependent children. Rules for allocating income are described in WAC 182-512-0900 through 182-512-0960;

(d) For an SSI-related ~~((individual))~~ person who is married and lives in the same home as his or her spouse who receives home and community-based waiver services under chapter ~~((388-515))~~ 182-515 WAC, an income deduction equal to the ~~((medically needy income level-))~~ MNIL ~~((+))~~, minus the nonapplying spouse's income; and

(e) A child or pregnant woman ~~((who is))~~ applying for MN coverage is eligible for income deductions allowed under ~~((TANF/SFA))~~ temporary assistance for needy families (TANF) and state family assistance (SFA) rules and not under the rules for CN programs based on the federal poverty level. See WAC ~~((182-109-0001(4)))~~ 182-509-0001(4) for exceptions to the TANF ~~((+))~~ and SFA rules ~~((which))~~ that apply to medical programs and not to the cash assistance program.

(6) The MNIL for ~~((individuals who qualify))~~ a person who qualifies for MN coverage under subsection (1) of this section is based on rules in ~~((chapter 388-513 and 388-515))~~ chapters 182-513- and 182-515 WAC.

(7) The MNIL for all other ~~((individuals))~~ people is described in WAC 182-519-0050. If ~~((an individual))~~ a per-

son has countable income ~~((which is))~~ at or below the MNIL, ~~((he or she))~~ the person is certified as eligible for up to twelve months of MN medical coverage.

(8) If ~~((an individual))~~ a person has countable income ~~((which is))~~ over the MNIL, the countable income that exceeds the agency's MNIL standards is called "excess income."

(9) ~~((When individuals have))~~ A person with "excess income" ~~((they are))~~ is not eligible for MN coverage until ~~((they provide evidence to))~~ the person gives the agency or its designee evidence of medical expenses incurred by ~~((them-selves))~~ that person, their spouse, or family members ~~((who live))~~ living in the home for whom they are financially responsible. See WAC 182-519-0110(8). An expense ~~((has been))~~ is incurred when:

(a) The ~~((individual has received the))~~ person receives medical treatment or medical supplies, is financially liable for the medical expense ~~((but)), and~~ has not ~~((yet))~~ paid the bill; or

(b) The ~~((individual has paid))~~ person pays for the expense within the current or retroactive base period ~~((described in))~~ under WAC 182-519-0110.

(10) Incurred medical expenses or obligations may be used to offset any portion of countable income that is over the MNIL. This is the process of meeting "spenddown."

(11) The agency or its designee calculates the amount of ~~((an individual's))~~ a person's spenddown by multiplying the monthly excess income amount by the number of months in the certification period ~~((as described in))~~ under WAC 182-519-0110. The qualifying medical expenses must be greater than or equal to the total calculated spenddown amount.

(12) ~~((An individual))~~ A person who is considered for MN coverage under this chapter may not spenddown excess resources to become eligible for the MN program. Under this chapter ~~((individuals are)), a person is~~ ineligible for MN coverage if ~~((their))~~ the person's resources exceed the program standard in WAC 182-519-0050. ~~((An individual))~~ A person who is considered for MN coverage under WAC ~~((388-513-1395))~~ 182-513-1395, 182-514-0250 or 182-514-0255 is allowed to spenddown excess resources.

(13) There is no automatic redetermination process for MN coverage. ~~((An individual))~~ A person must ~~((submit an application))~~ apply for each eligibility period under the MN program.

(14) ~~((An individual))~~ A person who requests a timely administrative hearing under WAC 388-458-0040 is not eligible for continued benefits beyond the end of the original certification date under the MN program.

**Reviser's note:** The typographical error in the above section occurred in the copy filed by the agency and appears in the Register pursuant to the requirements of RCW 34.08.040.

**AMENDATORY SECTION** (Amending WSR 12-20-001, filed 9/19/12, effective 10/20/12)

**WAC 182-519-0110 Spenddown of excess income for the medically needy program.** (1) ~~((An individual))~~ A person who applies for ~~((medical assistance))~~ Washington apple health (WAH) and is eligible for medically needy (MN) coverage with a spenddown may choose a three-month or a six-

month base period. A base period is a time period used to compute the ~~((amount of the))~~ spenddown liability amount. The months must be consecutive calendar months, unless ~~((one of the))~~ a condition~~((s))~~ in subsection (4) of this section applies.

(2) A base period begins on the first day of the month~~((, in which an individual))~~ a person applies for ~~((medical assistance, subject to the exceptions))~~ WAH, unless a condition in subsection (4) of this section applies.

(3) ~~((An individual))~~ A person may request a separate base period to cover ~~((the time period))~~ up to three calendar months immediately ~~((prior to))~~ before the month of application. This is called a retroactive base period.

(4) A base period may vary from the terms in subsections (1), (2), or (3) of this section if:

(a) A three-month base period would overlap a previous eligibility period; ~~((or))~~

(b) The ~~((individual))~~ person has countable resources ~~((that are))~~ over the applicable standard for any part of the required base period; ~~((or))~~

(c) The ~~((individual))~~ person is not or will not be able to meet the temporary assistance to needy families (TANF)-related or supplemental security income (SSI)-related requirement for the required base period; ~~((or))~~

(d) The ~~((individual))~~ person is eligible for categorically needy (CN) coverage for part of the required base period; or

(e) The ~~((individual))~~ person was not otherwise eligible for MN coverage for each ~~((of the))~~ month~~((s))~~ of the retroactive base period.

(5) ~~((An individual's))~~ The medicaid agency or its designee calculates a person's spenddown liability ~~((is calculated by the agency or its designee))~~. The MN countable income from each month of the base period is compared to the effective medically needy income level (MNIL) ~~((described in))~~ under WAC 182-519-0050. Income ~~((which is))~~ over the effective MNIL standard (based on the ~~((individual's))~~ person's household size) in each month in the base period is added together to determine the total spenddown amount.

(6) If household income varies and ~~((an individual's))~~ a person's MN countable income falls below the effective MNIL for one or more months, the difference ~~((is used to))~~ offsets the excess income in other months of the base period. ~~((If this results in))~~ See WAC 182-519-0100(7) if a spenddown amount ~~((of))~~ results in zero dollars and cents~~((, see WAC 182-519-0100(7))~~.

(7) If ~~((an individual's))~~ a person's income decreases, the agency or its designee approves CN coverage for each month in the base period when the ~~((individual's))~~ person's countable income and resources are equal to or below the applicable CN standards. Children ~~((under the age of nineteen))~~ age eighteen and younger and pregnant women who become CN eligible in any month of the base period ~~((remain))~~ are continuously eligible for CN coverage for the remainder of the certification, even if there is a subsequent increase in income.

(8) Once ~~((an individual's))~~ a person's spenddown amount ~~((has been))~~ is determined, qualifying medical expenses are deducted. ~~((To be considered))~~ A qualifying medical expense~~((, the expense))~~ must:

(a) Be an expense for which the ~~((individual))~~ person is financially liable;

(b) Not have been used to meet another spenddown;

(c) Not be the confirmed responsibility of a third party. The agency or its designee allows the entire expense if ~~((the))~~ a third party has not confirmed its coverage of the expense within:

(i) Forty-five days of the date of service; or

(ii) Thirty days after the base period ends.

(d) Be an incurred expense for the ~~((individual))~~ person:

(i) The ~~((individual's))~~ person's spouse;

(ii) A family member~~((s))~~ residing in the person's home ~~((of the individual,))~~ for whom the ~~((individual))~~ person is financially responsible; or

(iii) A relative~~((s))~~ residing in the person's home ~~((of the individual,))~~ who is financially responsible for the ~~((individual))~~ person.

(e) Meet one of the following conditions:

(i) Be an unpaid liability at the beginning of the base period;

(ii) Be for paid or unpaid medical services ~~((either paid or unpaid and))~~ incurred during the base period;

(iii) Be for medical services incurred and paid during the three-month retroactive base period if eligibility for ~~((medical assistance))~~ WAH was not established in that base period. Paid expenses that meet this requirement may be applied towards the current base period; or

(iv) Be for medical services incurred during a previous base period ~~((and))~~, either unpaid or paid ~~((for))~~, if it was necessary for the ~~((individual))~~ person to make a payment due to delays in the certification for that base period.

(9) An exception to ~~((the provisions in))~~ subsection (8) of this section exists for qualifying medical expenses ~~((that have been))~~ paid on ~~((behalf of the individual))~~ the person's behalf by a publicly administered program during the current or the retroactive base period. The agency or its designee uses the qualifying medical expenses to meet the spenddown liability. To qualify for this exception, the program must:

(a) Not be federally funded or make ~~((the))~~ payments from federally matched funds;

(b) Not pay the expenses ~~((prior to))~~ before the first day of the retroactive base period; and

(c) Provide proof of the expenses paid on the person's behalf ~~((of the individual))~~.

(10) Once the agency or its designee ~~((has determined that))~~ determines the expenses ~~((meet the definition of))~~ are a qualified medical expense ~~((as defined in))~~ under subsection (8) or (9) of this section, the expenses are subtracted from the spenddown liability to determine the date the ~~((individual is eligible))~~ person's eligibility for medical coverage ~~((to))~~ begins. Qualifying medical expenses are deducted in the following order:

(a) First, medicare and other health insurance deductibles, coinsurance charges, enrollment fees, copayments, and premiums that are the ~~((individual's))~~ person's responsibility under medicare Part A~~((, Part B, Part C and))~~ through Part D. (Health insurance premiums are income deductions under WAC 182-519-0100(5));

(b) Second, medical expenses incurred and paid by the ~~((individual))~~ person during the three-month retroactive base period if eligibility for ~~((medical assistance))~~ WAH was not established in that base period;

(c) Third, current payments on, or unpaid balance of, medical expenses incurred ~~((prior to))~~ before the current base period ~~((which have not been))~~ that were not used to establish eligibility for medical coverage in ~~((any other))~~ another base period. The agency or its designee sets no limit on the age of an unpaid expense; however, the expense must ~~((still))~~ be a current liability and be unpaid at the beginning of the base period;

(d) Fourth, other medical expenses that ~~((would not be))~~ are not covered by the agency's or its designee's medical programs, minus any third-party payments ~~((which))~~ that apply to the charges. A licensed health care provider must provide or prescribe the items or services allowed as a medical expense ~~((must have been provided or prescribed by a licensed health care provider));~~

(e) Fifth, other medical expenses ~~((which have been))~~ incurred by the ~~((individual))~~ person during the base period that are potentially payable by the MN program (minus any confirmed third-party payments that apply to the charges)~~((;)).~~ This deduction is allowed even if payment is denied for these services because they exceed the agency's or its designee's limits on amount, duration, or scope of care. Scope of care is described in WAC 182-501-0060 and 182-501-0065; and

(f) Sixth, other medical expenses ~~((that have been))~~ incurred by the ~~((individual))~~ person during the base period that are potentially payable by the MN program (minus any confirmed third-party payments that apply to the charges) and that are within the agency's or its designee's limits on amount, duration, or scope of care.

(11) If ~~((an individual))~~ a person submits verification of qualifying medical expenses with his or her application that meet~~((s))~~ or exceed~~((s))~~ the spenddown liability, ~~((he or she))~~ the person is eligible for MN medical coverage for the remainder of the base period unless their circumstances change. See WAC 388-418-0005 to determine which changes must be reported to the agency or its designee. The beginning of eligibility is determined ~~((as described in))~~ under WAC 182-504-0020.

(12) If ~~((an individual))~~ a person cannot meet the spenddown amount ~~((at the time))~~ when the application is submitted, the ~~((individual))~~ person is not eligible until he or she provides proof of additional qualifying expenses that meet the spenddown liability.

(13) Each dollar of a qualifying medical expense may count once against a spenddown period that leads to eligibility for MN coverage. However, medical expenses may be used more than once ~~((under the following circumstances))~~ if:

(a) The ~~((individual))~~ person did not meet his or her total spenddown liability and become eligible in a previous base period and the bill remains unpaid; or

(b) The medical expense was ~~((a bill))~~ incurred and paid within three months of the current application, and the agency or its designee could not establish WAH eligibility ~~((for medical assistance))~~ for the ~~((individual))~~ person in the retroactive base period.

(14) The ~~((individual))~~ person must provide the proof of qualifying medical expense~~((s))~~ information to the agency or its designee~~((The deadline for providing medical expense~~

~~information is))~~ within thirty days after the base period ends, unless there is a good reason for delay.

(15) Once ~~((an individual))~~ a person meets the spenddown requirement and the certification begin date ~~((has been))~~ is established, newly identified expenses ~~((cannot be))~~ are not considered toward that spenddown unless:

(a) There is a good reason for the delay in submitting the expense; or ~~((there was an error by))~~

(b) The agency or its designee ~~((it))~~ made an error when determining the correct begin date.

(16) Good reasons for delay in providing medical expense information to the agency or its designee include, but are not limited to:

(a) The ~~((individual))~~ person did not receive a timely bill from his or her medical provider or insurance company;

(b) The ~~((individual))~~ person has medical issues that prevent~~((s))~~ him or her from submitting proof ~~((in a timely manner))~~ on time; or

(c) The ~~((individual))~~ person meets the criteria for needing a supplemental accommodation under chapter 388-472 WAC.

(17) The agency or its designee ~~((is not responsible to))~~ does not pay for any expense or portion of an expense ~~((that has been))~~ used to meet ~~((an individual's))~~ a person's spenddown liability.

(18) If an expense is potentially payable under the MN program, and only a portion of the medical expense ~~((has been))~~ is assigned to meet spenddown, the medical provider ~~((may))~~ must not:

(a) Bill the ~~((individual))~~ person for more than the amount ~~((which was))~~ assigned to the remaining spenddown liability~~((;))~~; or

(b) Accept or retain any additional amount for the covered service from the ~~((individual))~~ person. Any additional amount may be billed to the agency or its designee. See WAC 182-502-0160, Billing a client.

~~((18))~~ (19) The agency or its designee determines whether any payment is due to the medical provider on medical expenses ~~((that have been))~~ partially assigned to meet a spenddown liability~~((, according to))~~ under WAC 182-502-0100.

~~((19))~~ (20) If the medical expense assigned to spenddown was incurred outside of a period of MN eligibility, or if the expense is not ~~((the type that is))~~ covered by ~~((the agency's or its designee's medical assistance programs))~~ WAH, the agency or its designee ~~((is not responsible for))~~ does not pay any portion of the bill.