

WSR 22-03-007

PERMANENT RULES

HEALTH CARE AUTHORITY

[Filed January 6, 2022, 12:41 p.m., effective February 6, 2022]

Effective Date of Rule: Thirty-one days after filing.

Purpose: The agency is amending WAC 182-550-4300 to align the rule with the medicaid state plan, which does not have specific time limitations on inpatient withdrawal management services.

Citation of Rules Affected by this Order: Amending WAC 182-550-4300.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160.

Adopted under notice filed as WSR 21-24-023 on November 19, 2021.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 1, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 1, Repealed 0.

Date Adopted: January 6, 2022.

Wendy Barcus
Rules Coordinator

OTS-3422.1

AMENDATORY SECTION (Amending WSR 21-15-128, filed 7/21/21, effective 8/21/21)

WAC 182-550-4300 Hospitals and units exempt from the DRG payment method. (1) Except when otherwise specified, inpatient services provided by hospitals and units that are exempt from the diagnosis-related group (DRG) payment method are paid under the ratio of costs-to-charges (RCC) payment method described in WAC 182-550-4500, the per diem payment method described in WAC 182-550-3000, the per case rate payment method described in WAC 182-550-3000, or other payment methods identified in this chapter (e.g., long term acute care (LTAC), certified public expenditure (CPE), critical access hospital (CAH), etc.). Inpatient services provided by hospitals and units are exempt from the DRG payment method only if they qualify for payment methods specifically mentioned in other sections of this chapter or in this section.

(2) The agency exempts the following hospitals, units, and services from the DRG payment method for inpatient services provided to clients eligible for Washington apple health:

(a) Hospitals participating in the agency's certified public expenditure (CPE) payment program (see WAC 182-550-4650);

(b) Hospitals participating in the agency's critical access hospital program (see WAC 182-550-2598);

(c) Rehabilitation services. All rehabilitation services are paid through the per diem payment method except as indicated in (a), (b), and (d) of this subsection (see WAC 182-550-3000);

(d) Military hospitals when no other specific arrangements have been made with the agency. The agency, or the military hospital, may elect or arrange for one of the following payment methods in lieu of the RCC payment method:

(i) Per diem payment method; or

(ii) DRG payment method; and

(e) Psychiatric services. All psychiatric services are paid through the per diem payment method except as indicated in (a), (b), and (d) of this subsection (see WAC 182-550-3000). An agency designee that arranges to directly pay a hospital and/or a designated distinct psychiatric unit of a hospital may use the agency's payment methods or contract with the hospital to pay using different methods.

(3) Inpatient psychiatric services, Involuntary Treatment Act services, and withdrawal management services provided in out-of-state hospitals are not covered or paid by the agency or the agency's designee. The agency does not cover or pay for other hospital services provided to clients eligible for those services in the following programs, when the services are provided in out-of-state hospitals that are not in designated bordering cities:

(a) Medical care services; and

(b) Other state-administered programs.

(4) The agency has established an average length of stay (ALOS) for each DRG classification and publishes it on the agency's website. The agency uses the DRG ALOS as a benchmark to authorize and pay inpatient hospital stays exempt from the DRG payment method. When an inpatient hospital stay exceeds the agency's DRG ALOS benchmark or prior authorized LOS:

(a) For a psychiatric inpatient stay, the hospital must obtain approval for additional days beyond the prior authorized days from the agency or the agency's designee who prior authorized the admission. See WAC 182-550-2600;

(b) For an acute physical medicine and rehabilitation (PM&R) or a long term acute care (LTAC) stay, the hospital must obtain approval for additional days beyond the prior authorized days from the agency unit that prior authorized the admission. See WAC 182-550-2561 and 182-550-2590;

(c) For an inpatient hospital stay for withdrawal management for a chemical using pregnant (CUP) client, see WAC 182-550-1100;

(d) For other medical inpatient stays for withdrawal management, see WAC 182-550-1100 (~~and subsection (5) of this section~~);

(e) For an inpatient stay in a certified public expenditure (CPE) hospital, see WAC 182-550-4690; and

(f) For an inpatient hospital stay not identified in (a) through (e) of this subsection, the agency may perform retrospective utilization review to determine if the LOS was medically necessary and at the appropriate level of care.

~~((5) If subsection (4)(d) of this section applies to an eligible client, the agency will:~~

~~(a) Pay for three-day withdrawal management services for an acute alcoholic condition; or~~

~~(b) Pay for five-day withdrawal management services for acute drug addiction when the services are directly related to withdrawal management; and~~

~~(c) If WAC 182-550-1100 (5) (b) applies, extend the three- and five-day limitations when the following are true:~~

~~(i) The days are billed as covered;~~

~~(ii) A medical record is submitted with the claim;~~

~~(iii) The medical record clearly documents that the days are medically necessary; and~~

~~(iv) The level of care is appropriate according to WAC 182-550-2900.)~~

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 21-15-128, § 182-550-4300, filed 7/21/21, effective 8/21/21. Statutory Authority: RCW 41.05.021 and chapter 74.60 RCW. WSR 14-12-047, § 182-550-4300, filed 5/29/14, effective 7/1/14. WSR 11-14-075, recodified as § 182-550-4300, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500 and 2005 c 518. WSR 07-14-051, § 388-550-4300, filed 6/28/07, effective 8/1/07. Statutory Authority: RCW 74.08.090, 74.09.500. WSR 06-08-046, § 388-550-4300, filed 3/30/06, effective 4/30/06. Statutory Authority: RCW 74.04.050, 74.08.090. WSR 05-12-132, § 388-550-4300, filed 6/1/05, effective 7/1/05. Statutory Authority: RCW 74.08.090 and 42 U.S.C. 1395x(v), 42 C.F.R. 447.271, .11303, and .2652. WSR 01-16-142, § 388-550-4300, filed 7/31/01, effective 8/31/01. Statutory Authority: RCW 74.08.090, 74.09.730, 74.04.050, 70.01.010, 74.09.200, [74.09.]500, [74.09.]530 and 43.20B.020. WSR 98-01-124, § 388-550-4300, filed 12/18/97, effective 1/18/98.]

WSR 22-03-008

PERMANENT RULES

HEALTH CARE AUTHORITY

[Filed January 6, 2022, 1:13 p.m., effective February 6, 2022]

Effective Date of Rule: Thirty-one days after filing.

Purpose: The health care authority (HCA) amended these sections to add qualifying criteria for and reflect an extension of the current rate increase for sole community hospitals. ESSB 5092, section 211(46) extends the rate increase through June of 2023. HCA also implemented ESSB 5092, section 215(66) to adjust rates paid for long-term civil commitments. Hospitals may now submit costs not included in their medicare cost report to be evaluated by the agency for a potential rate increase.

Citation of Rules Affected by this Order: Amending WAC 182-550-3800, 182-550-3830, and 182-550-7500.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160.

Other Authority: ESSB 5092, sections 211(46) and 215(66).

Adopted under notice filed as WSR 21-24-086 on November 30, 2021.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 3, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 3, Repealed 0.

Date Adopted: January 6, 2022.

Wendy Barcus
Rules Coordinator

OTS-3313.2

AMENDATORY SECTION (Amending WSR 21-02-087, filed 1/6/21, effective 2/6/21)

WAC 182-550-3800 Rebasing. The medicaid agency redesigns (rebases) the medicaid inpatient payment system as needed. The base inpatient conversion factor and per diem rates are only updated during a detailed rebasing process, or as directed by the state legislature. Inpatient payment system factors such as the ratio of costs-to-charges (RCC), weighted costs-to-charges (WCC), and administrative day rate are rebased on an annual basis. As part of the rebasing, the agency does all of the following:

(1) Gathers data. The agency uses the following data resources considered to be the most complete and available at the time:

(a) One year of fee-for-service (FFS) paid claim data from the agency's medicaid management information system (MMIS). The agency excludes:

- (i) Claims related to state programs and paid at the Title XIX reduced rates from the claim data; and
 - (ii) Critical access hospital claims paid per WAC 182-550-2598;
- and

(b) The hospital's most current medicare cost report data from the health care cost report information system (HCRIS) maintained by the Centers for Medicare and Medicaid Services (CMS). If the hospital's medicare cost report from HCRIS is not available, the agency uses the medicare cost report provided by the hospital.

(c) FFS and managed care encounter data.

(2) Estimates costs. The agency uses one of two methods to estimate costs. The agency may perform an aggregate cost determination by multiplying the ratio of costs-to-charges (RCC) by the total billed charges, or the agency may use the following detailed costing method:

(a) The agency identifies routine and ancillary cost for operating capital, and direct medical education cost components using different worksheets from the hospital's medicare cost report;

(b) The agency estimates costs for each claim in the dataset as follows:

(i) Accommodation services. The agency multiplies the average hospital cost per day reported in the medicare cost report data for each type of accommodation service (e.g., adult and pediatric, intensive care unit, psychiatric, nursery) by the number of days reported at the claim line level by type of service; and

(ii) Ancillary services. The agency multiplies the RCC reported for each ancillary type of services (e.g., operating room, recovery room, radiology, laboratory, pharmacy, or clinic) by the allowed charges reported at the claim line level by type of service; and

(c) The agency uses the following standard cost components for accommodation and ancillary services for estimating costs of claims:

(i) Routine cost components:

- (A) Routine care;
- (B) Intensive care;
- (C) Intensive care-psychiatric;
- (D) Coronary care;
- (E) Nursery;
- (F) Neonatal ICU;
- (G) Alcohol/substance abuse;
- (H) Psychiatric;
- (I) Oncology; and
- (J) Rehabilitation.

(ii) Ancillary cost components:

- (A) Operating room;
- (B) Recovery room;
- (C) Delivery/labor room;
- (D) Anesthesiology;
- (E) Radio, diagnostic;
- (F) Radio, therapeutic;
- (G) Radioisotope;
- (H) Laboratory;
- (I) Blood administration;
- (J) Intravenous therapy;
- (K) Respiratory therapy;
- (L) Physical therapy;

- (M) Occupational therapy;
- (N) Speech pathology;
- (O) Electrocardiography;
- (P) Electroencephalography;
- (Q) Medical supplies;
- (R) Drugs;
- (S) Renal dialysis/home dialysis;
- (T) Ancillary oncology;
- (U) Cardiology;
- (V) Ambulatory surgery;
- (W) CT scan/MRI;
- (X) Clinic;
- (Y) Emergency;
- (Z) Ultrasound;
- (AA) NICU transportation;
- (BB) GI laboratory;
- (CC) Miscellaneous; and
- (DD) Observation beds.

(3) Specifies resource use with relative weights. The agency uses national relative weights designed by 3MTM Corporation as part of its all-patient refined-diagnostic related group (APR-DRG) payment system. The agency periodically reviews and determines the most appropriate APR-DRG grouper version to use.

(4) Calculates base payment factors. The agency calculates the average, or base, DRG conversion factor and per diem rates. The base is calculated as the maximum amount that can be used, along with all other payment factors and adjustments described in this chapter. The agency models the rebased system to be budget neutral on a prospective basis, including global adjustments to the budget target determined by the agency. The agency ensures that base DRG conversion factors and per diem rates are sufficient to support economy, efficiency, and access to services for medicaid recipients. The agency will publish base rate factors on its website.

(5) To maintain budget neutrality, the agency makes global adjustments as needed.

(a) Claims paid under the DRG, rehab per diem, and ~~((detox))~~ withdrawal management per diem payment methods were reduced to support an estimated three million five hundred thousand dollar increase in psychiatric payments to acute hospitals.

(b) Claims for acute hospitals paid under the psychiatric per diem method were increased by a factor to inflate estimated system payments by three million five hundred thousand dollars.

(c) Effective for dates of admission on and after October 1, 2017, the agency increased psychiatric per diem rates as directed by the legislature. The increase applies to any hospital with two hundred or more psychiatric bed days.

(i) The agency prioritized the increase for hospitals not currently paid based on provider-specific costs using a similar methodology to set rates for existing inpatient facilities utilizing cost report information for hospital fiscal years ending in 2016.

(ii) The distribution of funds for each fiscal year is as follows:

(A) Free-standing psychiatric hospitals receive 68.15 percent of the statewide average cost per day.

(B) All other hospitals receive the greater of 78.41 percent of their provider-specific cost, or their current medicaid psychiatric per diem rate.

(iii) The agency set the increased rates to assure that the distribution of funds does not exceed the amounts provided by the legislature.

(iv) The agency conducts annual reviews for updated cost information to determine whether new and existing providers meet the two hundred or more bed criteria.

(v) The agency will apply the same cost percentage criteria for future rebasing of the psychiatric per diem rates.

(6) Effective July 1, 2020, (~~through June 30, 2021,~~) the agency sets psychiatric per diem rates specific to long-term civil commitments separately from other psychiatric per diem rates.

(a) In order to qualify for a provider-specific long-term civil commitment psychiatric per diem, the provider must be contracted with the agency to provide long-term civil commitment beds.

(b) The agency sets the provider-specific rate at the time of contracting.

(c) The agency sets the rate (~~as follows:~~

~~(i) For a hospital that has a medicare cost report on file with the agency for the most recent filing year, the rate is set using hospital specific costs or nine hundred forty dollars, whichever is greater.~~

~~(ii) For a hospital that does not have a medicare cost report on file with the agency, the rate is set using the average of all in-state long-term psychiatric per diem rates based on provider type or the hospital's current short-term psychiatric per diem rates, whichever is greater.~~

~~(d)) for acute care hospitals with distinct psychiatric units as follows:~~

~~(i) Hospitals that have a 12-month medicare cost report with at least 200 psychiatric bed days on file with the agency receive a long-term psychiatric per diem rate equivalent to the costs documented on the medicare cost report.~~

~~(ii) Hospitals that do not have a 12-month cost report with at least 200 bed days on file with the agency receive a long-term psychiatric per diem rate equivalent to the greater of the average of all acute care hospitals providing long-term psychiatric services in-state, provider-specific long-term psychiatric per diem rates, or the current short-term psychiatric per diem. The long-term psychiatric rate is applied to any hospital that accepts patients committed to a psychiatric facility for a period of 90 days or greater. The agency sets the rate so as not to exceed the amount provided by the legislature.~~

~~(d) The agency sets the rates for free-standing psychiatric hospitals as follows:~~

~~(i) Hospitals without an existing long-term rate receive a per diem rate equivalent to either the greater of the short-term rate or the state-wide average long-term psychiatric rate for free-standing psychiatric hospitals.~~

~~(ii) Hospitals that have an existing long-term per diem will continue to receive the \$940 established for July 1, 2021. In addition to the \$940 per diem rate, the hospital may submit supplemental cost data with the cost report to the agency for consideration. If approved, the agency will make appropriate adjustments to the medicaid inpatient~~

psychiatric per diem payment rate of the hospital. Adjustment of costs may include any of the following:

(A) Costs associated with professional services and fees not accounted for in the hospital's medicare cost report or reimbursed separately;

(B) Costs associated with the hospital providing the long-term psychiatric patient access to involuntary treatment court services that are not reimbursed separately;

(C) Other costs associated with caring for long-term psychiatric patients that are not reimbursed separately.

(iii) The agency sets the rate(~~s~~) so as to not exceed the amount(~~s~~ appropriated) provided by the legislature.

(7) Determines provider specific adjustments. The following adjustments are applied to the base factor or rate established in subsection (4) of this section:

(a) Wage index adjustments reflect labor costs in the cost-based statistical area (CBSA) where a hospital is located.

(i) The agency determines the labor portion by multiplying the base factor or rate by the labor factor established by medicare; then

(ii) The amount in (a)(i) of this subsection is multiplied by the most recent wage index information published by CMS at the time the rates are set; then

(iii) The agency adds the nonlabor portion of the base rate to the amount in (a)(ii) of this subsection to produce a hospital-specific wage adjusted factor.

(b) Indirect medical education factors are applied to the hospital-specific base factor or rate. The agency uses the indirect medical education factor established by medicare on the most currently available medicare cost report that exists at the time the rates are set; and

(c) Direct medical education amounts are applied to the hospital-specific base factor or rate. The agency determines a percentage of direct medical education costs to overall costs using the most currently available medicare cost report that exists at the time the rates are set.

(8) The final, hospital-specific rate is calculated using the base rate established in subsection (4) of this section along with any applicable adjustments in subsections (6) and (7) of this section.

[Statutory Authority: RCW 41.05.021, 41.05.160 and 2020 c 357 § 215 (24)(b). WSR 21-02-087, § 182-550-3800, filed 1/6/21, effective 2/6/21. Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 18-12-043, § 182-550-3800, filed 5/30/18, effective 7/1/18. Statutory Authority: RCW 41.05.021 and chapter 74.60 RCW. WSR 14-12-047, § 182-550-3800, filed 5/29/14, effective 7/1/14. WSR 11-14-075, recodified as § 182-550-3800, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500 and 2005 c 518. WSR 07-14-051, § 388-550-3800, filed 6/28/07, effective 8/1/07. Statutory Authority: RCW 74.08.090, 74.09.500. WSR 05-06-044, § 388-550-3800, filed 2/25/05, effective 7/1/05. Statutory Authority: RCW 74.08.090 and 42 U.S.C. 1395x(v), 42 C.F.R. 447.271, .11303, and .2652. WSR 01-16-142, § 388-550-3800, filed 7/31/01, effective 8/31/01. Statutory Authority: RCW 74.08.090, 74.09.730, 74.04.050, 70.01.010, 74.09.200, [74.09.]500, [74.09.]530 and 43.20B.020. WSR 98-01-124, § 388-550-3800, filed 12/18/97, effective 1/18/98.]

AMENDATORY SECTION (Amending WSR 20-01-075, filed 12/11/19, effective 1/11/20)

WAC 182-550-3830 Adjustments to inpatient rates. (1) The medic-aid agency updates all of the following components of a hospital's specific diagnosis-related group (DRG) factor and per diem rates at rebase:

- (a) Wage index adjustment;
- (b) Direct graduate medical education (DGME); and
- (c) Indirect medical education (IME).

(2) Effective January 1, 2015, the agency updates the sole community hospital adjustment.

(3) The agency does not update the statewide average DRG factor between rebasing periods, except:

- (a) To satisfy the budget neutrality conditions in WAC 182-550-3850; and
- (b) When directed by the legislature.

(4) The agency updates the wage index to reflect current labor costs in the core-based statistical area (CBSA) where a hospital is located. The agency:

(a) Determines the labor portion by multiplying the base factor or rate by the labor factor established by medicare; then

(b) Multiplies the amount in (a) of this subsection by the most recent wage index information published by the Centers for Medicare and Medicaid Services (CMS) when the rates are set; then

(c) Adds the nonlabor portion of the base rate to the amount in (b) of this subsection to produce a hospital-specific wage adjusted factor.

(5) DGME. The agency obtains DGME information from the hospital's most recently filed medicare cost report that is available in the CMS health care cost report information system (HCRIS) dataset.

(a) The hospital's medicare cost report must cover a period of twelve consecutive months in its medicare cost report year.

(b) If a hospital's medicare cost report is not available on HCRIS, the agency may use the CMS Form 2552-10 to calculate DGME.

(c) If a hospital has not submitted a CMS medicare cost report in more than eighteen months from the end of the hospital's cost reporting period, the agency considers the current DGME costs to be zero.

(d) The agency calculates the hospital-specific DGME by dividing the DGME cost reported on worksheet B, part 1 of the CMS cost report by the adjusted total costs from the CMS cost report.

(6) IME. The agency sets the IME adjustment equal to the "IME adjustment factor for Operating PPS" available in the most recent CMS final rule impact file on CMS's website as of May 1st of the rate-setting year.

(7) The agency considers an in-state hospital to qualify for a rate enhancement if all of the following conditions apply. The hospital must:

(a) Be certified by CMS as a sole community hospital as of January 1, 2013;

(b) Have a level III adult trauma service designation from the department of health as of January 1, 2014;

(c) Have less than one hundred fifty acute care licensed beds in fiscal year 2011;

(d) Be owned and operated by the state or a political subdivision; ((and))

(e) Not participate in the certified public expenditures (CPE) payment program defined in WAC 182-550-4650; and

(f) Accept single bed certification patients as of July 1, 2021, according to RCW 71.05.745.

(8) If an in-state hospital qualifies for the rate enhancement in subsection (7) of this section, effective:

(a) January 1, 2015, through June 30, 2018, the agency multiplies the hospital's specific conversion factor and per diem rates by 1.25.

(b) July 1, 2018, through June 30, (~~2021~~) 2023, the agency multiplies the hospital's specific conversion factor and per diem rates by 1.50.

(c) July 1, (~~2021~~) 2023, the agency multiplies the hospital's specific conversion factor and per diem rates by 1.25.

[Statutory Authority: RCW 41.05.021, 41.05.160, and 2019 c 415 § 211(14). WSR 20-01-075, § 182-550-3830, filed 12/11/19, effective 1/11/20. Statutory Authority: RCW 41.05.021, 41.05.160. WSR 18-09-022, § 182-550-3830, filed 4/11/18, effective 5/12/18; WSR 15-10-014, § 182-550-3830, filed 4/23/15, effective 5/24/15; WSR 14-22-003, § 182-550-3830, filed 10/22/14, effective 11/22/14.]

AMENDATORY SECTION (Amending WSR 20-01-075, filed 12/11/19, effective 1/11/20)

WAC 182-550-7500 OPPS rate. (1) The medicaid agency calculates hospital-specific outpatient prospective payment system (OPPS) rates using all of the following:

(a) A base conversion factor established by the agency;

(b) An adjustment for direct graduate medical education (DGME); and

(c) The latest wage index information established and published by the centers for medicare and medicaid services (CMS) when the OPSS rates are set for the upcoming year. Wage index information reflects labor costs in the cost-based statistical area (CBSA) where a hospital is located.

(2) Base conversion factors. The agency calculates the base enhanced ambulatory patient group (EAPG) conversion factor during a hospital payment system rebasing. The base is calculated as the maximum amount that can be used, along with all other payment factors and adjustments described in this chapter, to maintain aggregate payments across the system. The agency will publish base conversion factors on its website.

(3) Wage index adjustments reflect labor costs in the CBSA where a hospital is located.

(a) The agency determines the labor portion of the base rate by multiplying the base rate by the labor factor established by medicare; then

(b) Multiplying the amount in (a) of this subsection is multiplied by the most recent wage index information published by CMS when the rates are set; then

(c) The agency adds the nonlabor portion of the base rate to the amount in (b) of this subsection to produce a hospital-specific wage adjusted factor.

(4) DGME. The agency obtains the DGME information from the hospital's most recently filed medicare cost report as available in the CMS health care cost report information system (HCRIS) dataset.

(a) The hospital's medicare cost report must cover a period of twelve consecutive months in its medicare cost report year.

(b) If a hospital's medicare cost report is not available on HCRIS, the agency may use the CMS Form 2552-10 to calculate DGME.

(c) In the case where a hospital has not submitted a CMS medicare cost report in more than eighteen months from the end of the hospital's cost reporting period, the agency may remove the hospital's DGME adjustment.

(d) The agency calculates the hospital-specific DGME by dividing the DGME cost reported on worksheet B, part 1 of the CMS cost report by the adjusted total costs from the CMS cost report.

(5) The formula for calculating the hospital's final specific conversion factor is:

$$\text{EAPG base rate} \times (.6(\text{wage index}) + .4) / (1 - \text{DGME})$$

(6) The agency considers an in-state hospital a sole community hospital if all the following conditions apply. The hospital must:

(a) Be certified by CMS as a sole community hospital as of January 1, 2013.

(b) Have a level III adult trauma service designation from the department of health as of January 1, 2014.

(c) Have less than one hundred fifty acute care licensed beds in fiscal year 2011.

(d) Be owned and operated by the state or a political subdivision.

(e) Accept single bed certification patients as of July 1, 2021, according to RCW 71.05.745.

(7) If the hospital meets the agency's sole community hospital (SCH) criteria listed in subsection (6) of this section, effective:

(a) January 1, 2015, through June 30, 2018, the agency multiplies the hospital's specific conversion factor by 1.25;

(b) July 1, 2018, through June 30, (~~2021~~) 2023, the agency multiplies an in-state hospital's specific EAPG conversion factor by 1.50;

(c) July 1, (~~2021~~) 2023, the agency multiplies an in-state hospital's specific EAPG conversion factor by 1.25.

(8) The formula for calculating a sole community hospital's final conversion factor is:

$$[\text{EAPG base rate} \times (.6(\text{wage index}) + .4) / (1 - \text{DGME})] \times \text{SCH Factor}$$

[Statutory Authority: RCW 41.05.021, 41.05.160, and 2019 c 415 § 211(14). WSR 20-01-075, § 182-550-7500, filed 12/11/19, effective 1/11/20. Statutory Authority: RCW 41.05.021, 41.05.160, and 2018 c 299 § 213 (1)(fff). WSR 18-16-059, § 182-550-7500, filed 7/26/18, effective 8/26/18. Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 14-22-003, § 182-550-7500, filed 10/22/14, effective 11/22/14. Statutory Authority: RCW 41.05.021 and chapter 74.60 RCW. WSR 14-14-049, § 182-550-7500, filed 6/25/14, effective 7/26/14. WSR 11-14-075, recodified as § 182-550-7500, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.04.050, 74.04.057, 74.08.090, 74.09.500, and 2009-11 Omnibus Operating Budget (ESHB 1244). WSR 09-12-062, § 388-550-7500, filed 5/28/09, effective 7/1/09. Statutory Authority: RCW 74.08.090, 74.09.500. WSR 07-13-100, § 388-550-7500, filed 6/20/07, effective

8/1/07; WSR 04-20-061, § 388-550-7500, filed 10/1/04, effective 11/1/04.]

Reviser's note: The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency.

Reviser's note: The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency and appear in the Register pursuant to the requirements of RCW 34.08.040.

WSR 22-03-009

PERMANENT RULES

HEALTH CARE AUTHORITY

[Filed January 6, 2022, 1:16 p.m., effective February 6, 2022]

Effective Date of Rule: Thirty-one days after filing.

Purpose: The agency amended this rule to include, as part of subsection (2), an exception to per diem rate calculations for psychiatric per diem rates to align with the agency's state plan.

Citation of Rules Affected by this Order: Amending WAC 182-550-4100.

Statutory Authority for Adoption: RCW 41.05.021, 41.05.160.

Adopted under notice filed as WSR 21-24-085 on November 30, 2021.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 1, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 1, Repealed 0.

Date Adopted: January 6, 2022.

Wendy Barcus
Rules Coordinator

OTS-3312.2

AMENDATORY SECTION (Amending WSR 14-12-047, filed 5/29/14, effective 7/1/14)

WAC 182-550-4100 Payment method—New hospitals. (1) For rate-setting purposes, the agency considers as new:

(a) A hospital which began services after the most recent rebasing; or

(b) A hospital that has not been in operation for a complete fiscal year.

(2) With the exception of determining psychiatric per diem rates as directed by the Washington state legislature (see WAC 182-550-3800(6)), the agency determines a new hospital's conversion factor, per diem rate, or per case rate, to be the statewide average rate for the conversion factor, category of per diem rate, or per case rate adjusted by the geographically appropriate hospital specific medicare wage index.

(3) The agency determines a new hospital's ratio of costs-to-charges (RCC) by calculating and using the average RCC for all current Washington in-state hospitals.

(4) When a hospital changes ownership, the agency does not consider it a new hospital.

[Statutory Authority: RCW 41.05.021 and chapter 74.60 RCW. WSR 14-12-047, § 182-550-4100, filed 5/29/14, effective 7/1/14. WSR 11-14-075, recodified as § 182-550-4100, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500 and 2005 c 518. WSR 07-14-051, § 388-550-4100, filed 6/28/07, effective 8/1/07. Statutory Authority: RCW 74.09.090, 42 U.S.C. 1395x(v) and 1396r-4, 42 C.F.R. 447.271, 11303 and 2652. WSR 99-14-027, § 388-550-4100, filed 6/28/99, effective 7/1/99. Statutory Authority: RCW 74.08.090, 74.09.730, 74.04.050, 70.01.010, 74.09.200, [74.09.]500, [74.09.]530 and 43.20B.020. WSR 98-01-124, § 388-550-4100, filed 12/18/97, effective 1/18/98.]

WSR 22-03-016
PERMANENT RULES
DEPARTMENT OF

CHILDREN, YOUTH, AND FAMILIES

[Filed January 7, 2022, 3:38 p.m., effective February 7, 2022]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Establish conditions for waiving licensed family home child cares' capacity to serve more than 12 children.

Citation of Rules Affected by this Order: New WAC 110-300-0358; and amending WAC 110-300-0355.

Statutory Authority for Adoption: RCW 43.216.692.

Adopted under notice filed as WSR 21-20-111 on October 4, 2021.

Changes Other than Editing from Proposed to Adopted Version:

- Clarification inserted in WAC 110-300-0358(3) to describe all possible department actions following consideration of waiver applications;
- WAC 110-300-0358 (3)(c) revised to allow for equivalencies that satisfy the education requirement;
- WAC 110-300-0358 (3)(d) revised to expand staff-to-child ratio from 1:6 to 1:8, except when caring for children under two years of age;
- WAC 110-300-0358 (3)(g) revised to allow household members and staff to use toilets and handwashing sinks on the premises outside of licensed space; and
- A new subpart inserted in WAC 110-300-0358(7) to give additional example of grounds for rescission.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 1, Amended 1, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 0, Repealed 0.

Date Adopted: January 7, 2022.

Brenda Villarreal
Rules Coordinator

OTS-3317.4

AMENDATORY SECTION (Amending WSR 18-15-001, filed 7/5/18, effective 7/5/18)

WAC 110-300-0355 Family home capacity, ratio, and group size.

(1) The department issues initial or nonexpiring family home licenses for up to (~~twelve~~) 12 children. The department will not issue a fam-

ily license to care for more children than permitted by the rules in this chapter but may issue a license to care for fewer than the maximum allowable enrolled children. Family home licenses state:

(a) The maximum number of children that may be in care at any one time (total capacity); and

(b) The age range of children allowed in care.

(2) The department determines capacity for a family home early learning program after considering:

(a) Square footage of the early learning program;

(b) An early learning provider's years of experience in licensed child care (experience must be from working as a center director, program supervisor, lead teacher, family home licensee, or another similar role in a child care setting);

(c) A provider's education and ongoing training;

(d) The age range requested or approved by the department;

(e) The amount of developmentally appropriate equipment, materials, and toys an early learning program can provide children to use;

(f) A provider's licensing history with the department; and

(g) The number of qualified staff available to meet staff-to-child ratios.

(3) A family home licensee must not exceed the total capacity or age range stated on the child care license at any time except as provided in this section and WAC 110-300-0358. All children on the premises, signed in to child care, on an off-site trip from the early learning program, or being transported by the early learning program staff are counted in capacity including the children of staff.

(a) A family home licensee must receive department approval to care for a child with special needs, pursuant to WAC 110-300-0300, if the child is older than the maximum age identified on the license. A child with documented special needs may be in care up to age (~~nine-teen~~) 19 and must be counted in both capacity and staff-to-child ratio.

(b) A child with special needs who requires individualized supervision pursuant to WAC 110-300-0300 counts towards capacity but does not count in the staff-to-child ratio.

(c) A child who turns (~~thirteen~~) 13 years old permitted by chapter 110-15 WAC and who must be counted in both capacity and staff-to-child ratio.

(4) Any child birth through (~~twelve~~) 12 years old on the premises, signed in to the child care, on an off-site trip from the early learning program, or being transported counts in capacity. This includes a family home licensee's own children, children of staff, or visiting children not accompanied or supervised by an adult.

(5) A family home licensee must provide qualified staff to fulfill the staffing requirements and staff-to-child ratios during operating hours, including off-site activities and when transporting children in care.

(6) A family home licensee must provide additional staff, pursuant to WAC 110-300-0350, when children are participating in water activities or activities near water.

(7) When applying for an initial or nonexpiring family home license, a family home licensee with less than one year of experience may request from the department a capacity of up to six children, birth through (~~twelve~~) 12 years of age.

(a) A maximum of three children may be under two years of age.

(b) If there are three children under two years of age, one of these children must be able to walk independently.

(8) When applying for an initial or nonexpiring family home license, a family home licensee with at least one year but less than two years of experience and:

(a) Working alone may request a capacity of up to eight children ages two through (~~twelve~~) 12 years of age, with a maximum of four children under three years of age.

(b) Working with a qualified assistant may request a capacity of up to nine children birth through (~~twelve~~) 12 years of age with a maximum of four children under two years of age.

(9) When applying for an initial or nonexpiring family home license, a family home licensee with at least two years' experience and:

(a) Working alone may request a capacity of up to (~~ten~~) 10 children ages three years through (~~twelve~~) 12 years of age;

(b) Working alone may request a capacity of up to (~~twelve~~) 12 children for school age children only; and

(c) Working with a qualified assistant, may request a capacity of up to (~~twelve~~) 12 children birth through (~~twelve~~) 12 years of age with a maximum of six children under two years of age with two children being able to walk independently.

(10) A family home licensee, with two years of experience, may request a license for birth to (~~twenty-four~~) 24 months of age with a maximum group size of eight when:

(a) There are two staff present with the group consisting of one staff who meets the qualification of the licensee and another who meets the qualifications to be counted in ratio;

(b) The staff-to-child ratio is 1:4;

(c) Fifteen additional square feet are provided for each infant or toddler; and

(d) A second staff member is present whenever:

(i) More than two children in care do not walk independently; or

(ii) When there are more than four children in care.

(11) The staff-to-child ratio is determined by the ages and number of children in care. Two early learning program staff are required anytime:

(a) More than six children are in care and any child in care is under two years of age;

(b) More than eight children are in care and any child in care is under three years of age; or

(c) More than (~~ten~~) 10 children are in care and any child is under school age.

[WSR 18-15-001, recodified as § 110-300-0355, filed 7/5/18, effective 7/5/18. Statutory Authority: RCW 43.215.070, 43.215.201 and chapter 42.56 RCW. WSR 18-14-079, § 170-300-0355, filed 6/30/18, effective 8/1/19.]

NEW SECTION

WAC 110-300-0358 Capacity waiver for family home providers. (1)

Pursuant to section 313, chapter 199, Laws of 2021, the department may waive the limit established in RCW 43.216.010 (1)(c) that restricts family home providers from serving more than 12 children.

(2) Family home providers must apply to the department in writing to request waivers to serve more than 12 children. To apply in writ-

ing, family home providers must use the process prescribed by the department.

(3) The department will consider the following criteria to determine whether to grant, continue, or rescind waivers to family home providers' total capacity of 12 children:

(a) **The licensee's years' of experience providing early learning services.** A family home provider must have at least three years' of experience to be eligible for a waiver under this section. To satisfy the three years' experience requirement, the family home provider must have served for a total of three years or more in one or more of the following child care roles: Center director, program supervisor, family home licensee, or other similar role in a child care setting.

(b) **Available square footage:**

(i) There must be at least 35 square feet of licensed, accessible indoor space for each child included in the total capacity.

(ii) There must be an additional 15 square feet of licensed, accessible indoor space for each infant or toddler included in the total capacity.

(iii) There must be at least 75 square feet of licensed, accessible outdoor space for each child included in the total capacity. Alternatively, a family home provider may develop a plan to rotate groups of children to play outdoors or a department-approved plan to use an off-site play area.

(c) **Staffing qualifications:**

(i) The licensee must have an ECE short certificate or equivalent when operating with 13 or more children. When the licensee is not on-site, they must designate a person on-site who meets the requirements of this subsection to manage the early learning program.

(ii) In addition to the requirements in (c)(i) of this subsection, at least one staff person or volunteer working on-site must have an ECE initial certificate or equivalent when operating with 13 or more children.

(d) **Staff-to-child ratios and age group limits:**

(i) A family home provider licensed to care for children ages two years old and above must not exceed a maximum staff-to-child ratio of 1:8 when operating with 13 or more children.

(ii) A family home provider licensed to care for children under two years of age must not exceed a maximum staff-to-child ratio of 1:6 when operating with 13 or more children.

(iii) A family home provider licensed to care for children under two years of age may have up to six children under two years of age attend at any one time under the following conditions:

(A) Five children under two years of age may attend at any one time if at least one of those children can walk independently;

(B) Six children under two years of age may attend at any one time if at least two of those children can walk independently.

(iv) A family home provider licensed to care for children under two years of age must not have more than six children under two years of age attend at any one time;

(e) **The intended use of licensed space.** Plans to use the space must include details regarding napping, supervision, and diapering, if applicable.

(f) **The emergency preparedness plan.** The emergency plan must account for the total capacity of children requested.

(g) **The number of working, accessible toilets and sinks.**

(i) There must be a ratio of at least one working flush toilet and one handwashing sink for every 15 household members, staff, and requested capacity of children.

(A) A child in diapers does not count for purposes of toilet calculations until the child begins toilet training.

(B) Staff persons and household members may use toilets and handwashing sinks located outside of licensed space on the premises.

(ii) A family home provider whose facility relies on a private septic system must provide to the department verification from the local health jurisdiction the system can accommodate the total number of household members, staff, and requested capacity of children.

(h) **The provider's licensing history.**

(i) **The number and variety of early learning materials.** For the total capacity requested there must be a sufficient number and variety of materials to engage children in the early learning program.

(j) **The total capacity the provider is requesting.**

(4) A waiver granted under this section may be time specific or may remain in effect for as long as the family home provider continues to comply with the waiver's conditions. If the waiver is time limited, the provider must not exceed the time frame established by the department.

(5) Before the family home provider implements a waiver under this section, the waiver must be approved in writing by the department secretary or the secretary's designee.

(6) A denial of a waiver request is not an enforcement action as described in RCW 43.216.010 and is not subject to an appeal by a provider.

(7) The department may rescind a waiver granted under this section at any time including, but not limited to, the following reasons:

(a) The provider no longer meets the criteria described in this section;

(b) The department issues an enforcement action against the provider;

(c) The department and the provider enter into a facility licensing compliance agreement;

(d) The department determines that continued operation under the waiver does or may harm the health, safety, or well-being of enrolled children;

(e) A licensing rule that was considered in granting the waiver is repealed or amended; or

(f) A license is transferred pursuant to RCW 43.216.305 and WAC 110-300-0011 and the conditions of the waiver can no longer be met.

(8) A family home provider granted a waiver under this section must inform the parents and guardians of enrolled children of the approved waiver:

(a) Prior to operating with 13 or more children for the first time; and

(b) When a new child or new family is enrolled.

[]

WSR 22-03-075
PERMANENT RULES
PROFESSIONAL EDUCATOR
STANDARDS BOARD

[Filed January 18, 2022, 8:37 a.m., effective February 18, 2022]

Effective Date of Rule: Thirty-one days after filing.

Purpose: A previous version of the WAC language was inadvertently filed instead of the version most recently adopted. These amendments implement the provisions of 2SHB 1028, eliminating the edTPA as a state-level requirement for teacher certification and program completion. Nonsubstantive updating and clarification changes are also included. These rule changes are required by legislation in 2SHB 1028 and were previously adopted by our board.

Citation of Rules Affected by this Order: Amending WAC 181-78A-232.

Statutory Authority for Adoption: Chapter 28A.410 RCW.

Adopted under notice filed as WSR 21-23-086 on November 16, 2021.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 1, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 0, Repealed 0.

Date Adopted: January 18, 2022.

Sophia Keskey
Rules Coordinator

OTS-3484.1

AMENDATORY SECTION (Amending WSR 21-20-052, filed 9/28/21, effective 10/29/21)

WAC 181-78A-232 Teacher, principal, career and technical education administrator, superintendent, and program administrator—Specific program approval domain standard—Candidate knowledge, skills, and cultural responsiveness. Knowledge, skills, and cultural responsiveness. Providers prepare candidates who demonstrate the knowledge, skills and cultural responsiveness required for the particular certificate and areas of endorsement, which reflect the state's approved standards.

(1) Providers demonstrate effective, culturally responsive pedagogy using multiple instructional methods, formats, and assessments.

(a) Qualified faculty use multiple instructional strategies, pedagogies, and assessments to address candidates' academic language ability levels and cultural and linguistic backgrounds.

(b) Providers create opportunities for faculty members and program personnel to pursue, apply, and practice ongoing professional learning to improve their knowledge, skill, effectiveness, and cultural responsiveness.

(c) Faculty within the program and the unit collaborate among one another, with content specialists, P-12 schools, members of the broader professional community, and diverse members of local communities for continuous program improvement.

(d) Faculty members and program leaders systematically and comprehensively evaluate faculty's effectiveness in teaching and learning.

(2) Providers ensure that completers demonstrate the necessary subject matter knowledge for success as educators in schools.

(a) Candidates demonstrate knowledge and competence relative to the standards related to the role adopted by the board. Providers ensure that candidates in teacher preparation programs demonstrate the most recently published InTASC Standards, candidates in principal programs demonstrate the most recently published NELP - Building Level Standards, candidates in superintendent programs demonstrate the most recently published NELP - District Level Standards, (~~(candidates in program administrator programs demonstrate the most recently published NELP Building or District Level Standards,)~~) candidates in program administrator programs demonstrate the most recently published NELP Building or District Level Standards, candidates in school counselor programs demonstrate the most recently published CACREP standards, candidates in school psychologist programs demonstrate the most recently published NASP standards for graduate preparation of school psychologists, and candidates in career and technical education educator preparation programs demonstrate and document the career and technical education standards approved by the professional educator standards board.

(b) Teacher candidates must take a board approved basic skills assessment prior to program (~~(admission)~~) admission. A provider of a teacher preparation program must assure that all candidates entering the program have successfully met the basic skills requirement under chapter 181-01 WAC at the time of admission. The provider must collect and hold evidence of candidates meeting this requirement.

(c) Teacher candidates must take a content knowledge assessment prior to beginning student teaching. The provider must collect and hold evidence of candidates meeting this requirement. Teacher candidates apply content knowledge as reflected in board approved endorsement competencies. Endorsement assessments are not required for teacher candidates in career and technical education business and industry route programs.

(d) Providers ensure that educator candidates complete (~~(a course)~~ ~~[coursework]~~) coursework on issues of abuse and emotional or behavioral distress in students (~~(under)~~ ~~[as required by]~~) under RCW 28A.410.035 and WAC 181-79A-200.

(e) Under RCW 28A.410.040, a teacher candidate whose only baccalaureate degree is in early childhood education, elementary education, or special education must have completed (~~(thirty)~~) 30 quarter credits, or the equivalent in semester credits or continuing education credit hours, in one academic field in an endorsement area under WAC 181-82A-202.

(f) Candidates for an initial certificate in a career and technical education residency teacher preparation program must complete a minimum of (~~(forty-five)~~) 45 quarter credits, or the equivalent in se-

mester credits or continuing education credit hours, in the specific career and technical education area for which certification is sought.

(3) Providers ensure that candidates demonstrate pedagogical knowledge and skill relative to the professional standards adopted by the board for the role for which candidates are being prepared.

(a) Candidates demonstrate knowledge and competence relative to the standards related to the role, which were adopted by the board. Providers ensure that candidates in teacher preparation programs demonstrate most recently published InTASC Standards, candidates in principal programs demonstrate most recently published NELP - Building Level Standards, candidates in superintendent programs demonstrate most recently published NELP - District Level Standards, (~~[[candidates in program administrator programs demonstrate the most recently published NELP Building or District Level Standards,]]~~) candidates in program administrator programs demonstrate the most recently published NELP Building or District Level Standards, candidates in school counselor programs demonstrate the most recently published CACREP standards, candidates in school psychologist programs demonstrate the most recently published NASP standards for graduate preparation of school psychologists, and candidates in career and technical education educator preparation programs demonstrate and document the career and technical education standards approved by the professional educator standards board.

(b) Faculty and mentors provide regular and ongoing feedback to candidates regarding field based performance that is actionable and leads to improvement in candidates' practice.

(c) Providers demonstrate through structured observation, discussion, surveys, and/or artifacts that program completers effectively apply the professional knowledge, skills, and dispositions that the preparation program was designed to achieve.

(d) Providers (~~[[ensure that teacher candidates achieve passing scores on]]~~ ~~[[may use]]~~ ~~the~~ ~~[[edTPA]]~~) may use the edTPA teacher performance assessment (~~[[, also known as the pedagogy assessment, approved by the board. Teacher preparation program providers shall require that each candidate engage in a performance assessment process approved by the board. The teacher performance assessment is not required for teacher candidates in career and technical education business and industry route programs. Candidates who participated in the teacher performance assessment field trials or took the pedagogy assessment prior to January 1, 2014, may be recommended for certification by the preparation program without a passing score]]~~ ~~[[as a formative tool as long as notification to candidates is included in all program descriptions under chapter 28A.410 RCW]]~~) as a formative tool as long as notification to candidates is included in all program descriptions under chapter 28A.410 RCW.

(e) Providers of career and technical educator preparation programs provide candidates all necessary guidance to document, demonstrate, and submit for approval the required hours of occupational experience.

(f) In order to ensure that teacher and principal candidates can recognize signs of emotional or behavioral distress in students and appropriately refer students for assistance and support, teacher and principal preparation program providers must incorporate the social emotional standards and benchmarks, and must provide guidance to candidates on related competencies described in RCW 28A.410.270.

(4) Providers ensure that candidates are well prepared to exhibit the knowledge and skills of culturally responsive educators.

(a) Providers offer all candidates meaningful, reflective opportunities to interact with racially and culturally diverse colleagues, faculty, P-12 practitioners, and P-12 students and families.

(b) Providers prepare candidates to adapt their practices based on students' prior experiences, cultural knowledge, and frames of reference to make learning encounters more relevant and effective.

(c) Providers ensure course work explicitly focuses on cultural responsiveness and integrates components of culturally responsive education within and throughout all courses.

(d) Faculty explicitly model equity pedagogy in course work and field experiences in ways that enable candidates to integrate their own cultural and linguistic backgrounds into classroom activities.

(5) Teacher candidates engage with the since time immemorial curriculum focused on history, culture, and government of American Indian peoples as prescribed in RCW 28B.10.710.

(a) There shall be a one quarter or semester course, or the equivalent in continuing education credit hours, in either Washington state history and government, or Pacific Northwest history and government in the curriculum of all teacher preparation programs.

(b) No person shall be completed from any of said programs without completing said course of study, unless otherwise determined by the Washington professional educator standards board.

(c) Any course in Washington state or Pacific Northwest history and government used to fulfill the requirement of this section shall include information on the culture, history, and government of the American Indian peoples who were the first human inhabitants of the state and the region.

(d) Teacher preparation program providers shall ensure that programs meet the requirements of this section by integrating the curriculum developed and made available free of charge by the office of the superintendent of public instruction into existing programs or courses and may modify that curriculum in order to incorporate elements that have a regionally specific focus.

[Statutory Authority: Chapter 28A.410 RCW. WSR 21-20-052, § 181-78A-232, filed 9/28/21, effective 10/29/21; WSR 21-15-084, § 181-78A-232, filed 7/16/21, effective 8/16/21; WSR 21-08-023, § 181-78A-232, filed 3/29/21, effective 4/29/21; WSR 19-24-103, § 181-78A-232, filed 12/4/19, effective 1/4/20. Statutory Authority: Chapters 28A.410 and 28A.413 RCW. WSR 19-15-144, § 181-78A-232, filed 7/24/19, effective 8/24/19.]

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.

WSR 22-03-079

PERMANENT RULES

DEPARTMENT OF LICENSING

[Filed January 18, 2022, 9:53 a.m., effective February 18, 2022]

Effective Date of Rule: Thirty-one days after filing.

Purpose: WAC 308-107-060 (1)(a), (2), and (3) are amended to reflect the new fee of \$21.00, which is explicitly dictated by statute.

Citation of Rules Affected by this Order: Amending WAC 308-107-060 (1)(a), (2), and (3).

Statutory Authority for Adoption: RCW 46.20.385 and 46.01.110.

Adopted under notice filed as WSR 21-23-111 on November 17, 2021.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 1, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

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Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 1, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 0, Repealed 0.

Date Adopted: January 18, 2022.

Ellis Starrett
Rules and Policy Manager

OTS-3494.1

AMENDATORY SECTION (Amending WSR 12-17-076, filed 8/14/12, effective 9/14/12)

WAC 308-107-050 Ignition interlock device revolving account.

(1) (a) As required under RCW 46.20.385 (6) (a), unless determined by the department to be indigent under WAC 308-107-060, a person who is applying for or has been issued an ignition interlock driver's license, or (b) a person who is restricted under RCW 46.20.720, must pay an additional fee of (~~twenty dollars~~) \$21 per month or partial month for which the ignition interlock driver's license is valid or an ignition interlock device is installed to the manufacturer of the device(s) installed in the motor vehicle(s) driven by the person. Payment may be made directly to the manufacturer, or through the authorized service provider, depending upon the manufacturer's business practices.

(2) A manufacturer providing devices to persons who are required to have an ignition interlock device, either directly or through an authorized service provider, must enter into an agreement with the department for the collection and transmittal of the (~~twenty dollar~~) \$21 monthly fee required under RCW 46.20.385 (6) (a) or 46.20.720 (6). Any agreement made under this section must include appropriate reporting requirements and accounting practices to permit the department to

audit the handling of the fees that must be remitted to the department. The department may terminate an agreement with a manufacturer upon a showing of good cause. Good cause may include, but not be limited to;

- (a) Violation of the agreement;
- (b) Violation of the laws and rules governing the installation of devices; or
- (c) Violation of this chapter.

An agreement between the department and a manufacturer will be valid for no more than four years, provided that the department may extend an agreement for up to an additional four years at its discretion.

(3) As provided by RCW 46.20.385 (6) (b) and 46.20.720(6), the department shall deposit the proceeds of the (~~twenty-dollar~~) \$21 fee into the ignition interlock device revolving account.

[Statutory Authority: RCW 46.01.110, 46.20.385, and 46.20.720. WSR 12-17-076, § 308-107-050, filed 8/14/12, effective 9/14/12. Statutory Authority: RCW 46.01.110 and 46.20.385. WSR 11-01-037, § 308-107-050, filed 12/6/10, effective 1/6/11. Statutory Authority: RCW 46.01.110, 46.20.385, 46.20.391, and 46.20.745. WSR 08-24-059, § 308-107-050, filed 11/26/08, effective 1/1/09.]

WSR 22-03-081

PERMANENT RULES

HIGHLINE COLLEGE

[Filed January 18, 2022, 10:28 a.m., effective February 18, 2022]

Effective Date of Rule: Thirty-one days after filing.

Purpose: On May 19, 2020, the Federal Register printed amendments to Title IX regulations (85 F.R. 30575). The new regulations address the grievance process for formal complaints of sexual harassment and became effective on August 14, 2020. In order for the college's Title IX policy and procedures to be compliant with federal regulations, we request the permanent repeal of WAC that addresses Title IX. The language in the WAC no longer aligns with the new regulations. Updated Title IX policy and procedures have been adopted locally.

Citation of Rules Affected by this Order: Repealing chapter 132I-300 WAC; WAC 132I-300-010 and 132I-300-020.

Statutory Authority for Adoption: Chapter 34.05 RCW; and RCW 28B.50.140(13); 20 U.S.C. § 1092(f); Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681 et seq.

Adopted under notice filed as WSR 21-17-112 on August 16, 2021.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 2; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 0, Repealed 0.

Date Adopted: January 13, 2022.

Summer Korst
Executive Director of Human Resources

WSR 22-03-084
PERMANENT RULES
COUNTY ROAD
ADMINISTRATION BOARD

[Filed January 18, 2022, 11:27 a.m., effective February 18, 2022]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Amending chapters 136-12, 136-14, 136-15, and 136-50 WAC, commonly known as the standards of good practice, to address housekeeping items as well as amend or remove outdated requirements and add new requirements necessitated by legislative change or outside agency WAC.

Citation of Rules Affected by this Order: [New WAC 136-50-080 and 136-50-090; repealing WAC 136-50-051, 136-50-052, 136-50-053, 136-50-054, and 136-50-055]; and amending WAC 136-12-010, 136-12-030, 136-12-080, 136-14-020, 136-14-030, 136-14-040, 136-15-040, [136-50-010, 136-50-030, 136-50-035, 136-50-050, and 136-50-070].

Statutory Authority for Adoption: Chapter 36.78 RCW.

Adopted under notice filed as WSR 21-19-154 on September 22, 2021.

Date Adopted: October 28, 2021.

Jane Wall
Executive Director

OTS-3342.1

AMENDATORY SECTION (Amending WSR 17-11-037, filed 5/11/17, effective 6/11/17)

WAC 136-12-010 Purpose and authority. The laws of the state of Washington make detailed provisions in chapter 36.80 RCW, for the employment of a county engineer in each county. This chapter specifies that the county legislative authority of each county shall employ a county road engineer on either a full-time or part-time basis, or by contracting with another county for the engineering services of a county road engineer; that ~~((he/she))~~ they shall be a registered and licensed professional civil engineer under the laws of this state; that ~~((he/she))~~ they shall have supervision, under the direction of the county legislative authority, of all activities related to the county roads of the county, including maintenance; that ~~((he/she))~~ they shall certify to the county legislative authority all bills with respect to county roads; that ~~((he/she))~~ they shall keep complete public records of all road department activities; that ~~((he/she))~~ they shall prepare plans and specifications for all construction work on the county road system; give an official bond to the county conditioned upon faithfully performing all the duties and accounting for county property entrusted to ~~((him or her))~~ them.

[Statutory Authority: Chapter 36.78 RCW. WSR 17-11-037, § 136-12-010, filed 5/11/17, effective 6/11/17. Statutory Authority: Chapter 36.79 RCW. WSR 02-18-018, § 136-12-010, filed 8/22/02, effective 9/22/02; WSR 99-01-021, § 136-12-010, filed 12/7/98, effective 1/7/99. Statutory Authority: RCW 36.78.070 and 36.79.060. WSR 96-17-013, §

136-12-010, filed 8/12/96, effective 9/12/96. Statutory Authority: RCW 36.78.080. WSR 90-07-074 (Order 74), § 136-12-010, filed 3/21/90, effective 4/21/90; Order 13, § 136-12-010, filed 12/26/69; Regulation 1, § 136-12-010, filed 12/13/67.]

AMENDATORY SECTION (Amending WSR 19-04-048, filed 1/29/19, effective 3/1/19)

WAC 136-12-030 Acting county engineer. If for any reason it is impossible to employ a new county engineer immediately, the county legislative authority shall designate, by resolution, an acting county engineer for an interim period not to exceed six months except as provided in WAC 136-12-060. A copy of such resolution shall be forwarded to the county road administration board within five business days of the effective date of the vacancy.

If the acting county engineer is not a licensed professional civil engineer, the legislative authority shall designate a licensed professional civil engineer to perform all professional civil engineering functions during the interim period as required by chapter 18.43 RCW, and the unlicensed acting county engineer shall perform only those functions of the office not requiring a professional civil engineer's license.

Per RCW 18.43.120, it is unlawful for a person to practice engineering without a license, unless directly overseen by a licensed individual. For the purposes of this chapter, the practice of engineering involves anything requiring engineering opinion, judgment, consultation, analysis, calculation, or design, but would exclude certain routine maintenance and operations decision making and calculations by qualified personnel.

[Statutory Authority: Chapter 36.78 RCW. WSR 19-04-048, § 136-12-030, filed 1/29/19, effective 3/1/19. Statutory Authority: Chapter 36.79 RCW. WSR 99-01-021, § 136-12-030, filed 12/7/98, effective 1/7/99. Statutory Authority: RCW 36.78.080. WSR 90-07-074 (Order 74), § 136-12-030, filed 3/21/90, effective 4/21/90; Order 25, § 136-12-030, filed 1/27/75; Order 1, § 136-12-030, filed 7/17/68; Regulation 1, § 136-12-030, filed 12/13/67.]

AMENDATORY SECTION (Amending WSR 19-04-048, filed 1/29/19, effective 3/1/19)

WAC 136-12-080 Supervision of nonengineering county engineer duties in counties with a part-time county engineer or a contract county engineer. When a legislative authority of a county chooses to employ a county engineer on a part-time basis or contract with another county for the services of its county engineer, it shall designate by resolution a full-time employee to perform the day-to-day supervision of the county engineer duties not requiring a professional civil engineering license in accordance with policies established by the legislative authority.

Per RCW 18.43.120, it is unlawful for a person to practice engineering without a license, unless directly overseen by a licensed individual. For the purposes of this chapter, the practice of engineer-

ing involves anything requiring engineering opinion, judgment, consultation, analysis, calculation, or design, but would exclude certain routine maintenance and operations decision making and calculations by qualified personnel.

[Statutory Authority: Chapter 36.78 RCW. WSR 19-04-048, § 136-12-080, filed 1/29/19, effective 3/1/19. Statutory Authority: Chapter 36.79 RCW. WSR 02-18-018, § 136-12-080, filed 8/22/02, effective 9/22/02. Statutory Authority: RCW 36.78.070 and 36.79.060. WSR 96-17-013, § 136-12-080, filed 8/12/96, effective 9/12/96. Statutory Authority: RCW 36.78.080. WSR 90-07-074 (Order 74), § 136-12-080, filed 3/21/90, effective 4/21/90; Order 13, § 136-12-080, filed 12/26/69.]

OTS-3343.1

AMENDATORY SECTION (Amending WSR 19-04-048, filed 1/29/19, effective 3/1/19)

WAC 136-14-020 Application. Priority programming techniques shall be applied in the ranking of all potential projects on the road system of each county. They may be applied to all road and bridge projects combined in a single group, ~~((or))~~ may be applied to individual functional classes of roads and further subdivided into rural and urban systems if desired, or by funding source(s). Priority programming will not be required, but is recommended, for the local access road system. However, bridges on the local access road system must be included in priority programming.

[Statutory Authority: Chapter 36.78 RCW. WSR 19-04-048, § 136-14-020, filed 1/29/19, effective 3/1/19. Statutory Authority: RCW 36.78.070. WSR 90-07-075 (Order 75), § 136-14-020, filed 3/21/90, effective 4/21/90; Order 16, § 136-14-020, filed 7/22/71.]

AMENDATORY SECTION (Amending WSR 19-04-048, filed 1/29/19, effective 3/1/19)

WAC 136-14-030 Process. Each county engineer will be required to develop a priority programming process tailored to meet the overall roadway system development policy determined by ~~((his or her))~~ their county legislative authority. Items to be included and considered, which may vary from county to county, in the technique for roads shall include, but need not be limited to the following:

- (1) Traffic volumes;
- (2) Roadway condition;
- (3) Geometrics;
- (4) Safety and accident history; and
- (5) Matters of significant local importance.

~~((The manner in which these various items are treated may vary from county to county.))~~

Bridge priorities shall be established in accordance with WAC 136-20-060. A description of the priority programming technique to be

used shall be submitted by each county engineer to the county road administration board, upon request.

The county road administration board, upon request, will provide assistance to counties in the development, evaluation or modification of their priority programming process in order to meet the requirements of this rule.

[Statutory Authority: Chapter 36.78 RCW. WSR 19-04-048, § 136-14-030, filed 1/29/19, effective 3/1/19. Statutory Authority: Chapter 36.79 RCW. WSR 99-01-021, § 136-14-030, filed 12/7/98, effective 1/7/99. Statutory Authority: RCW 36.78.070 and 36.79.060. WSR 96-17-013, § 136-14-030, filed 8/12/96, effective 9/12/96. Statutory Authority: RCW 36.78.070. WSR 90-07-075 (Order 75), § 136-14-030, filed 3/21/90, effective 4/21/90; Order 3388, § 136-14-030, filed 4/7/72; Order 16, § 136-14-030, filed 7/22/71.]

AMENDATORY SECTION (Amending WSR 19-04-048, filed 1/29/19, effective 3/1/19)

WAC 136-14-040 Application of process. The priority programming process for roads shall be applied by the county engineer to all potential arterial, collector and bridge projects in the county, and to local access road projects if directed by the legislative authority. The resulting priority array(s) shall be updated not later than the first Monday in October and shall be consulted together with bridge priorities by the county legislative authority and county engineer during the preparation of the proposed six-year transportation program as described in chapter 136-15 WAC.

[Statutory Authority: Chapter 36.78 RCW. WSR 19-04-048, § 136-14-040, filed 1/29/19, effective 3/1/19. Statutory Authority: Chapter 36.79 RCW. WSR 99-01-021, § 136-14-040, filed 12/7/98, effective 1/7/99. Statutory Authority: RCW 36.78.070 and 36.79.060. WSR 96-17-013, § 136-14-040, filed 8/12/96, effective 9/12/96. Statutory Authority: RCW 36.78.070. WSR 90-07-075 (Order 75), § 136-14-040, filed 3/21/90, effective 4/21/90; Order 25, § 136-14-040, filed 1/27/75; Order 3388, § 136-14-040, filed 4/7/72; Order 16, § 136-14-040, filed 7/22/71.]

OTS-3344.2

AMENDATORY SECTION (Amending WSR 88-16-017, filed 7/25/88)

WAC 136-15-040 Program listings of specific projects. This listing shall include projects having an estimated cost approximately equal to the anticipated revenues for projects during the program period, clearly identifying those projects (1) for which funding is reasonably assured; (2) for which funds are not specifically assured but are within expected levels of existing programs for the applicable year; and (3), if desired, those which are unfunded within currently anticipated resources. Because of the possibility of unforeseen future circumstances at the time of approval of the six-year program, the

above construction funding classification for any project shall not be considered final, but only an indication of the relative certainty of the various proposed projects.

Minimum required information for each project: Road log number, beginning and ending mile post limits, project length, federal functional classification, freight and goods classification, project name, project description or type, estimated cost and proposed/secured funding sources, and funding status.

It is recommended that provision be made in the program for one or more generic projects each year for improvements such as miscellaneous safety projects, new culvert and small bridge construction and other minor improvements.

[Statutory Authority: Chapter 36.78 RCW. WSR 88-16-017 (Order 68), § 136-15-040, filed 7/25/88.]

OTS-3345.2

Chapter 136-50 WAC

STANDARDS OF GOOD PRACTICE—(~~STATUTORY RELATIONSHIP BETWEEN COUNTY ENGINEER AND COUNTY LEGISLATIVE AUTHORITY ADOPTION OF WRITTEN POLICIES~~) COUNTY ROAD DEPARTMENT ADMINISTRATION

AMENDATORY SECTION (Amending WSR 02-18-020, filed 8/22/02, effective 9/22/02)

WAC 136-50-010 Purpose and authority. The powers and duties of the county legislative authority in relation to roads and bridges, and the qualifications and duties of the county engineer are detailed in Title 36 RCW. This chapter (~~reiterates the formal relationship between the legislative authority and its county engineer and requires that certain written policies be adopted to insure the efficient and productive operation of the road department.~~

~~In this chapter and throughout Title 136 WAC, the term "county engineer" shall mean both "county road engineer" and "county engineer," as those terms are used in Title 36 RCW)~~ specifies policies and notifications to be coordinated between the county engineer, county legislative authority, and the county road administration board.

[Statutory Authority: Chapter 36.79 RCW. WSR 02-18-020, § 136-50-010, filed 8/22/02, effective 9/22/02.]

AMENDATORY SECTION (Amending WSR 02-18-020, filed 8/22/02, effective 9/22/02)

WAC 136-50-030 Duties of the county engineer. The various duties and responsibilities of the county engineer are set forth in

chapter 36.80 RCW. In addition to these specifically defined duties, the county engineer shall be guided by written policies regarding county road department operation as promulgated by the county legislative authority.

In this chapter and throughout Title 136 WAC, the term "county engineer" shall mean both "county road engineer" and "county engineer," as those terms are used in Title 36 RCW. See AGO Letter Opinion 1972 No. 049.

[Statutory Authority: Chapter 36.79 RCW. WSR 02-18-020, § 136-50-030, filed 8/22/02, effective 9/22/02.]

AMENDATORY SECTION (Amending WSR 02-18-020, filed 8/22/02, effective 9/22/02)

WAC 136-50-035 Charter counties. In counties that have adopted a home rule charter, as provided for in Article 11 subsection 4 of the state Constitution, the duties and responsibilities of the county engineer set forth in chapter 36.80 RCW may be modified by the county legislative authority as allowed by existing constitutional law, statutory law, and the county's charter.

If the legislative/executive authority of a charter county has modified/delegated the statutory duties of the county engineer, the county shall submit the resolution or ordinance adopting these modifications/delegations to the county road administration board within five business days of adoption. This shall include any subsequent written delegations of authority.

[Statutory Authority: Chapter 36.79 RCW. WSR 02-18-020, § 136-50-035, filed 8/22/02, effective 9/22/02.]

AMENDATORY SECTION (Amending WSR 02-18-020, filed 8/22/02, effective 9/22/02)

WAC 136-50-050 Written policy. In order to implement the requirements of this chapter, the county legislative authority shall develop and by resolution or ordinance adopt written policies, within the limits of existing state law, that cover any matters relating to county road department ((operation)) administration, maintenance, and construction as they may see fit. At a minimum, the following written policies must be adopted ((to cover the issues listed in WAC 136-50-051 through 136-50-055)) by the legislative authority:

(1) Organization: A policy designating the interrelationships of all positions involved in the administration, operation, maintenance, and construction of the county road system, including the legislative/executive authority. Said policy shall include a chart or pictorial representation of the interrelationships and must clearly show the chain of command throughout the entire organization. It is recommended, but not required, the positions be represented by title or position number rather than by employee name to reduce the frequency of revision, adoption, and required submission to CRAB.

(2) Complaint handling: A policy establishing the method by which complaints from the general public and others will be received, as-

signed for review, response and any corrective action, and follow-up communication deemed appropriate.

(3) Work for others: A policy regarding approval of work for other public agencies and county departments within the requirements of RCW 35.77.020, 36.75.205, and chapter 39.34 RCW. The policy shall include, but is not limited to, the following:

(a) Statement of intent indicating whether the legislative authority will accept requests for work from other public agencies or other county departments;

(b) Statement indicating procedures to be followed in processing such requests in accordance with applicable statutes; and

(c) Statement indicating any delegation of authority in processing such requests.

(4) County road standards: The county engineer shall propose and, the legislative authority shall adopt, and amend as needed, standards for all county roads per chapter 36.86 RCW, and shall include:

(a) Design standards, see WSDOT local agency guidelines chapter 42.

(b) Construction specifications.

(c) Permitting work within the county road right-of-way.

(5) Survey monument preservation: A policy regarding preservation, maintenance, and restoration of survey monuments within the county road right-of-way.

[Statutory Authority: Chapter 36.79 RCW. WSR 02-18-020, § 136-50-050, filed 8/22/02, effective 9/22/02.]

AMENDATORY SECTION (Amending WSR 02-18-020, filed 8/22/02, effective 9/22/02)

WAC 136-50-070 Submittal of policies to the county road administration board. Each county legislative authority shall submit to ~~((the office of))~~ the county road administration board one copy of each adopted policy required in WAC ~~((136-50-051 through 136-50-055,))~~ 136-50-050 and any subsequent revisions thereto, ~~((adopted pursuant to this regulation))~~ within 10 business days of adoption. The county road administration board shall maintain a current file of all such adopted policies for each county.

[Statutory Authority: Chapter 36.79 RCW. WSR 02-18-020, § 136-50-070, filed 8/22/02, effective 9/22/02.]

NEW SECTION

WAC 136-50-080 Notifications. To ensure that the standards of good practice are followed and, to facilitate county road administration board assistance and support to the counties, the county engineer shall notify the county legislative authority and the county road administration board within five business days regarding any of the following:

(1) The county engineer's professional civil engineering license expires or is suspended by the board of registration for professional engineers and land surveyors;

(2) The county, the county road department, or the county engineer is cited by any state or federal agency for violating state or federal law regarding county road administration, operation, maintenance, or construction;

(3) The county's certified agency certification is placed on probation or is revoked by the Washington state department of transportation;

(4) A finding or management letter from the state auditor's office directly or indirectly involving or effecting county road or equipment rental and revolving funds or policies;

(5) Judgments or verdicts involving the county road department.

[]

NEW SECTION

WAC 136-50-090 Failure to comply. If a county fails to comply with any portion of this chapter, the matter will be considered at the next regular meeting of the county road administration board. The county road administration board may take any action deemed necessary to ensure a county's compliance with this chapter.

[]

REPEALER

The following sections of the Washington Administrative Code are repealed:

- WAC 136-50-051 Policy regarding organization.
- WAC 136-50-052 Policy regarding personnel practices.
- WAC 136-50-053 Policy regarding handling of complaints.
- WAC 136-50-054 Policy regarding approval of work for other public agencies and county departments.
- WAC 136-50-055 Policy regarding accommodation of utilities on county road rights of way.