

WSR 26-05-081
PROPOSED RULES
DEPARTMENT OF
CHILDREN, YOUTH, AND FAMILIES
[Filed February 18, 2026, 9:03 a.m.]

Original Notice.

Preproposal statement of inquiry was filed as WSR 24-13-013.

Title of Rule and Other Identifying Information: Chapter 110-50 WAC, Child welfare; the following WAC in the child welfare chapter will be amended:

LICENSED CAREGIVER THIRD PARTY LIABILITY PROGRAM: WAC 110-50-0900 Legal basis for the licensed caregiver third party liability program, 110-50-0910 Purpose, 110-50-0920 Definitions, 110-50-0930 Eligibility criteria for third party reimbursement, 110-50-0940 Submitting the third party liability claim, 110-50-0950 Determining the reimbursable amount for third party liability claims, 110-50-0960 Limitations for third party liability reimbursement, 110-50-0970 Exclusions from third party liability reimbursement, 110-50-0980 Third party liability claim denials, 110-50-0990 Third party liability claim appeals, and 110-50-0995 Third party liability claim investigations and rights of recovery.

CAREGIVER REIMBURSEMENT PROGRAM FOR PROPERTY DAMAGE AND EMERGENCY MEDICAL EXPENSES: WAC 110-50-1000 Legal basis for the caregiver reimbursement program, 110-50-1010 Purpose, 110-50-1020 Definitions, 110-50-1030 Eligibility criteria for the caregiver reimbursement program, 110-50-1040 Submitting the caregiver reimbursement program claim, 110-50-1050 Determining the reimbursement amount for caregiver reimbursement program claims, 110-50-1060 Reimbursement limitations for the caregiver reimbursement program, 110-50-1070 Exclusions from the caregiver reimbursement program, 110-50-1080 Caregiver reimbursement program claim denials, 110-50-1090 Caregiver reimbursement program claim appeals, and 110-50-1095 Caregiver reimbursement program claim investigations.

Hearing Location(s): On March 24, 2026, telephonic. Comments can be made by calling 360-972-5385 and leaving a voicemail that includes the comment, emailing the rules coordinator, or submitting comments to the online comment application linked below. All comments must be received by the date and time listed below.

Date of Intended Adoption: March 25, 2026.

Submit Written Comments to: Department of children, youth, and families (DCYF) rules coordinator, email dcyf.rulescoordinator@dcyf.wa.gov, web <https://dcyf.wa.gov/practice/policy-laws-rules/rule-making/participate/online>, beginning February 19, 2026, at 8:00 a.m., by March 24, 2026, at 11:59 p.m.

Assistance for Persons with Disabilities: Contact DCYF rules coordinator, phone 360-522-3691, email dcyf.rulescoordinator@dcyf.wa.gov, by March 13, 2026.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: The DCYF financial business services division is amending WAC 110-50-0900 - 110-50-0995 and 110-50-1000 - 110-50-1095 to correct the address for submitting reimbursement forms; allow for reimbursement to unlicensed caregivers; and increase the reimbursement limit from \$5,000 to \$10,000.

Reasons Supporting Proposal: See purpose.

Statutory Authority for Adoption: RCW 74.13.031 and 74.14B.080 (for WAC 110-50-0900 - 110-50-0995); RCW 74.13.031 and 74.13.335 (for WAC 110-50-1000 - 110-50-1095).

Statute Being Implemented: RCW 74.13.031.

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

Name of Proponent: Governmental.

Name of Agency Personnel Responsible for Drafting: Elizabeth Belle, 1500 Jefferson Street S.E., Olympia, WA 98501, 360-819-7806; Implementation and Enforcement: DCYF, statewide.

A school district fiscal impact statement is not required under RCW 28A.305.135.

A cost-benefit analysis is not required under RCW 34.05.328. DCYF is not among the agencies listed as required to comply with RCW 34.05.328 (5)[(a)](i). Further, DCYF does not voluntarily make that section applicable to the adoption of this rule.

This rule proposal, or portions of the proposal, is exempt from requirements of the Regulatory Fairness Act because the proposal:

Is exempt under RCW 19.85.025(3) as the rules relate only to internal governmental operations that are not subject to violation by a nongovernment party; and rule content is explicitly and specifically dictated by statute.

Scope of exemption for rule proposal:

Is fully exempt.

February 18, 2026
Brenda Villarreal
Rules Coordinator

RDS-6904.2

~~((FOSTER PARENT LIABILITY FUND))~~

LICENSED CAREGIVER THIRD PARTY LIABILITY PROGRAM

Legal Basis, Purpose, and Definitions

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-50-0900 ((What is the foster parent liability fund?))

Legal basis for the licensed caregiver third party liability program.

~~((1) The foster parent liability fund authorized under RCW 74.14B.080 allows for insurance coverage for foster parents licensed under chapter 74.15 RCW. The coverage includes personal injury and property damage caused by foster parents or foster children that occurred while the children were in foster care.~~

~~(2) Such insurance covers acts of ordinary negligence but does not cover illegal conduct or bad faith acts taken by foster parents in providing foster care. Moneys paid from liability insurance for any claim are limited to the amount by which the claim exceeds the amount available to the claimant from any valid and collectible liability insurance.) The legal basis for the department's licensed caregiver third party liability program is RCW 74.14B.080.~~

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-50-0910 ((What is the period of coverage for foster parent liability fund?)) Purpose.

~~((Coverage under the foster parent liability fund is for valid claims arising out of occurrences on or after July 1, 1991.)) The licensed caregiver third party liability program:~~

~~(1) Is established to provide reimbursement coverage to:~~

~~(a) Those licensed in chapter 74.15 RCW by the department or child placing agencies (CPA), including:~~

~~(i) Foster parents licensed in chapter 110-148 WAC; and~~

~~(ii) Licensed kinship caregivers licensed under chapter 110-149 WAC; and~~

~~(b) Foster parents and licensed kinship caregivers when providing respite;~~

~~(2) Covers:~~

~~(a) Damages caused:~~

~~(i) To third parties, within available funds, including and limited to:~~

~~(A) Property damages;~~

~~(B) Personal injuries; and~~

~~(C) Emergency medical expenses;~~

~~(ii) Intentionally or unintentionally by children or youth who are in department approved placements; and~~

~~(iii) Unintentionally by caregivers, as outlined in subsection~~

~~(1) of this section to third parties;~~

~~(b) Damages to third parties including and limited to:~~

~~(i) Property damages;~~

- (ii) Personal injuries; and
- (iii) Emergency medical expenses;
- (c) Acts of ordinary negligence; and
- (d) Costs for approved claims, not covered by the caregiver's insurance, up to the total amount the department may pay for the occurrence, per WAC 110-50-0960; and
- (3) Does not cover illegal or deceitful acts taken by the caregivers outlined in subsection (1) of this section.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-50-0920 (~~(Who is eligible for coverage under the foster parent liability fund?)~~) **Definitions.** (~~(A person eligible for foster parent liability fund coverage must be licensed or certified by the department or a child placing agency under chapter 74.15 RCW to provide foster family care.)~~) **"Caseworkers"** means the primary agency workers assigned to the children or youth through the department or another government agency, including tribal governments.

"Child placing agency (CPA)" means agencies or tribes licensed to place children or youth for foster care or adoption and may be contracted by the department to provide professional therapeutic foster care (PTFC) services.

"Children" or "youth" means individuals who are placed by the department and younger than 18 years old.

"Department" means the Washington state department of children, youth, and families.

"Emergency medical expenses" means the initial medical treatment expenses incurred immediately following an occurrence that are required for emergent care and diagnosis for the caregivers, their household members, or animals.

"Extended foster care" means the same as defined in RCW 74.13.020.

"Foster homes" or "foster parents" means individuals licensed through chapter 110-148 WAC to regularly provide 24-hour care in their home to children or youth.

"Group care" is a general term for a licensed facility that is maintained and operated for a group of children on a 24-hour basis to provide a safe and healthy living environment that meets the developmental needs of the children in care, per RCW 74.15.020 (1) (f).

"Licensed caregivers" means individuals licensed to regularly provide 24-hour care in their home to children or youth, including:

- (a) Foster parents licensed as outlined in chapter 110-148 WAC;
- and
- (b) Licensed kinship caregivers licensed as outlined in chapter 110-149 WAC.

"Licensed kinship care" or "licensed kinship caregivers" means individuals licensed through chapter 110-149 WAC to regularly provide 24-hour care in their home to children or youth.

"Occurrence" means the calendar date when an act by a child or youth in an approved department placement or while receiving respite in a licensed foster home caused the damages reported in the claim that include:

- (a) Property damages;
- (b) Personal injury; or

(c) Emergency medical expenses.

Eligibility and Claim Submission

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-50-0930 (~~What are the limits of coverage under the foster parent liability fund?~~) **Eligibility criteria for third party reimbursement.** ((The limits of coverage under the foster parent liability are:

~~(1) Up to twenty five thousand dollars per occurrence. "Occurrence" means, for purposes of this chapter, the incident which led to the claim.~~

~~(2) The claim must be for a third party personal injury or property damage arising from a foster parent's act or omission in the good faith provision of family foster care and supervision of a foster child.~~

~~(3) The department must not make a payment of claims from this liability fund if the foster parent is not liable to the third party or the foster child's birth or adoptive parent or guardian because of any:~~

~~(a) Immunities;~~

~~(b) Limitations; or~~

~~(c) Exclusions provided by law.~~

~~(4) The foster parent must, first, exhaust all monetary resources available from another valid and collectible liability insurance before seeking payment from this liability fund. Coverage under this foster parent liability fund must be in excess of any other available liability insurance.)~~ (1) For licensed caregivers to be eligible for third party reimbursement, occurrences must have happened on the dates when children or youth were:

(a) Placed in their home by the department; or

(b) At their licensed home for respite and the caregiver was receiving payments from the department.

(2) The following placements are not eligible for third party reimbursement including, but not limited to:

(a) GCFs;

(b) Residential private schools;

(c) Trial return home placements;

(d) Placements where the damage is covered by the CPA;

(e) Youth missing from care;

(f) Overnight status with parents or guardians;

(g) Extended foster care youth; and

(h) Inpatient treatment facilities.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-50-0940 (~~The department excludes what claims from coverage under the foster parent liability fund?~~) **Submitting the third party liability claim.** ((The department excludes the following claims from coverage under the foster parent liability fund:

(1) ~~Claims arising as a result of a foster parent's illegal conduct or bad faith acts in providing family foster care. Such conduct or act includes but is not limited to:~~

(a) ~~Loss arising out of a dishonest, fraudulent, criminal, or intentional act or omission;~~

(b) ~~Loss arising out of licentious, immoral, or sexual behavior;~~

(c) ~~Loss occurring because the foster parent provided a foster child with an alcoholic beverage or controlled substance, other than medication prescribed for the foster child in the amounts prescribed by a physician or other licensed or authorized medical practitioner;~~

(d) ~~A judgment against the foster parent based on alienation of affection.~~

(2) ~~Claims based on an occurrence not arising from the family foster care relationship. This includes a foster child's act occurring while the child was temporarily assigned outside the jurisdiction of the foster parent.~~

(3) ~~Claims for a bodily injury or property damage arising out of the operation or use of any motor vehicle, aircraft, or water craft owned by, operated by, rented to, or loaned to any foster parent; or~~

(4) ~~Claims for an injury or damage from an occurrence before July 1, 1991.)~~ (1) Licensed caregivers must complete the following when submitting their claims for the licensed caregiver third party liability program:

(a) Submit their claims within 90 calendar days of the occurrence of the property damages, personal injuries, or emergency medical expenses by:

(i) Obtaining the current claim form from a department employee or the department's website;

(ii) Completing their claim forms and include:

(A) A description of the specific items damaged;

(B) A narrative detailing the occurrences;

(C) The date of the occurrences; and

(D) One of the following:

(I) A detailed invoice, estimate, or receipt that includes proof of payment in full;

(II) A detailed invoice or estimate and separate proof of payment in full; or

(III) Two detailed estimates itemizing the cleaning, repair, or comparable replacement cost for each item. If the department makes a payment from an estimate, the department may require a final zero balance paid receipt;

(E) The disclosure of whether the items are covered under their public or private insurance policy;

(F) Clear photos of the damages to the claim items; and

(G) Their signature;

(iii) Submitting the completed claims with the required documentation to both the:

(A) Child's or youth's caseworker; and

(B) Caregiver claims manager; and

(iv) Fully cooperating with the substantiation process; and

(b) Include a statement with the reasons for the delay when filing claims more than 90 calendar days after the occurrence.

(2) The department will determine whether the claims submitted more than 90 calendar days after the occurrence will be eligible for review.

Determining Reimbursable Amounts and Limitations

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-50-0950 ((What if there are multiple claims for one occurrence under the foster parent liability fund?)) Determining the reimbursable amount for third party liability claims. ((The twenty-five thousand dollar limitation per occurrence must apply regardless of whether there are multiple claims arising from the same occurrence. The department will consider a claim by one or more foster parents occupying the same household a single claim.)) The caregiver claims manager must:

(1) Review third party liability claims and determine the reimbursable costs for:

(a) Damaged or destroyed items in the following order by determining if the items:

(i) Can be cleaned or repaired; or

(ii) Cannot be cleaned or repaired. If the item cannot be cleaned or repaired, the department will determine the comparable replacement cost using estimates based on the same attributes as the items that were damaged or destroyed;

(b) Emergency medical expenses related to the occurrence for the third party, including:

(i) Medical;

(ii) Dental; and

(iii) Vision;

(c) Personal injuries as determined by department of enterprise services office of risk management or court order; and

(d) Court costs related to the occurrences;

(2) Provide the final decision in writing that includes:

(a) The department's decision on whether the claims are eligible for reimbursement; and

(b) The amount the department will pay for eligible items;

(3) Pay for approved claim items within program limits and available funds; and

(4) Maintain oversight of claims and payments.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-50-0960 (~~(May another source be used to recover on the same claim paid by the liability fund?)~~) **Limitations for third party liability reimbursement.** (~~((1) If the liability fund pays for a claim, the foster parent must transfer to the department the foster parent's rights of recovery against any person or organization against whom the foster parent may have a legal claim.~~

~~(2) The foster parent must sign and deliver to the department any documents necessary to transfer such foster parent's rights to the state.)~~ (1) The department will:

(a) Follow these reimbursement limitations when determining reimbursement amounts for the licensed caregiver third party liability program claims:

(i) The total amount the department will pay as the result of one occurrence must not exceed:

(A) \$25,000 for all property damages and personal injury;

(B) \$5,000 for emergency medical expenses; or

(C) \$3,000 for claims related to the ownership or operation of a motor vehicle;

(ii) The total reimbursement cost is assessed for each occurrence separately and includes the costs for each item in the occurrence;

(iii) The limitations for each occurrence must apply regardless of whether there are multiple claims from the same occurrence;

(iv) The total reimbursement cost for property damages, personal injuries, and emergency medical expenses are limited to the costs:

(A) Not covered under any available insurance policy, up to the maximum occurrence costs in (a)(i) of this subsection; and

(B) Of the insurance policy deductible and any out-of-pocket expenses, up to the maximum occurrence costs in (a)(i) of this subsection; and

(v) Dental or vision appliances are limited to comparable replacements up to the maximum occurrence costs in (a)(i) of this subsection;

(b) Consider damages from the same occurrence claimed by one or more licensed caregivers in the same household as a single occurrence;

(c) Pay comparable replacement costs only if the:

(i) Item cannot be cleaned or repaired; or

(ii) The comparable replacement cost of the item is less than the cleaning or repair cost;

(d) Reimburse for labor expenses for the amount payable to a licensed business;

(e) Not reimburse claims if the licensed caregivers are not liable to the third party or the child's or youth's birth or adoptive parents or guardians because of:

(i) Immunities;

(ii) Limitations; or

(iii) Exclusions provided by law; and

(f) Not require licensed caregivers to use their insurance policy but will only consider reimbursement for the insurance deductible, co-insurance amounts, and any out-of-pocket expenses up to the limit of the occurrence as outlined in (a)(i) of this subsection.

(2) Licensed caregivers must:

(a) Notify the department if their property damages or losses were paid, will be paid, or are coverable under a homeowner's, motor vehicle, or other public, personal, or business insurance policy; and

(b) Provide detailed medical bills and insurance statements or explanation of benefits showing the amount covered for emergency medical expenses.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-50-0970 ~~((What are the department's authority and the foster parent's responsibilities regarding investigation of claims?))~~
Exclusions from third party liability reimbursement. ~~((1) The department may conduct an investigation of any foster parent liability fund claim.~~

~~(2) The foster parent must fully cooperate with the department for any liability fund claims filed against the foster parent.)~~ The department will not provide third party liability reimbursement for the following:

(1) Claims resulting from:

(a) Licensed caregivers or their household members giving alcoholic beverages, tobacco products, or other illegal substances to children or youth placed in their home or in respite care;

(b) Acts committed by licensed caregivers that are:

(i) Dishonest;

(ii) Fraudulent;

(iii) Criminal; or

(iv) Intentional; and

(c) Licensed caregivers deliberately leaving out important information for the claim;

(d) Licensed caregivers' violation of any statute, ordinance, or regulation;

(e) Licensed caregivers' illegal conduct or bad faith acts when providing care to children or youth;

(f) Failure of the licensed caregivers to:

(i) Give directions or instructions; or

(ii) Provide proper or adequate supervision;

(g) Sexual abuse or other sexual behaviors by any individual;

(h) A judgment against licensed caregivers based on alienation of affection; and

(i) Acts by children or youth that occur while they are on a temporary planned, unplanned, or voluntary absence from the placement; and

(2) Unsubstantiated claims; and

(3) Claims not received by the department within one year after the date of the occurrence, regardless of the reason for the delay in filing the claim.

NEW SECTION

WAC 110-50-0980 **Third party liability claim denials.** The department:

(1) Must:

(a) Deny third party liability claims:

(i) That are not supported or substantiated by evidence submitted;

(ii) For items or amounts not covered or excluded under the terms, limitations, or exclusions of the third party liability reimbursement program;

(iii) For ineligible placements; or

(iv) When the property damages, personal injuries, or emergency medical expenses are misrepresented or willfully concealed by the licensed caregivers or other parties involved; and

(b) Report third party liability claims found to be fraudulent or involving theft or collusion involving public funds per RCW 43.09.185; and

(2) May:

(a) Recover payments made for third party liability claims that were determined to be ineligible; or

(b) Refer third party liability claims found to be fraudulent involving theft or collusion involving public funds to the assistant attorney general and local law enforcement.

NEW SECTION

WAC 110-50-0990 Third party liability claim appeals. Licensed caregivers:

(1) Must:

(a) Contact the caregiver claims manager to request the claim appeal form for the third party damages, personal injuries, or emergency medical expenses;

(b) Include the justification and alternatives explored when requesting exceptions to the terms, limitations, and exclusions; and

(c) Submit the claim appeal forms to the caregiver claims manager within 30 calendar days of the notification of the final claim decisions from the department. If appeal requests are not received within 30 calendar days, the department will not review them;

(2) Cannot appeal the use of a private or public insurance policy available to them when the item is covered and reimbursable under their insurance policy. The department will not require them to use their insurance policy, but the reimbursement amounts will be determined as if they did, per WAC 110-50-0960; and

(3) Do not have the right to administrative hearings to challenge the denial of the appeals. The department will notify the licensed caregivers of the appeal decisions within 90 calendar days of receipt of the claim appeal.

NEW SECTION

WAC 110-50-0995 Third party liability claim investigations and rights of recovery. (1) The department:

(a) May conduct investigations on licensed caregiver third party liability program claims; and

(b) Has the authority to have an inspector of its choice make a damage estimate when, and as often, as the department may require.

(2) Licensed caregivers and third parties must allow the department to inspect the damaged property, when requested.

(3) If the licensed caregiver third party liability program pays for a claim, the licensed caregiver must:

- (a) Transfer to the department their rights of recovery against any individual or organization against whom they may have a legal claim; and
- (b) Sign and deliver to the department any documents necessary to transfer these rights to Washington state.

CAREGIVER REIMBURSEMENT PROGRAM FOR PROPERTY DAMAGE AND EMERGENCY MEDICAL EXPENSES

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-50-1000 (~~What are the department's responsibilities and limitations for reimbursement for damage or loss caused by a child in family foster care?~~) Legal basis for the caregiver reimbursement program. ((1) Within available funds and subject to the conditions in this chapter, the department must reimburse family foster care providers who incur property damages, losses, and emergency medical treatment expenses that are caused by the foster child or respite care child during placement in the foster family's home.

(2) For occurrences on or after October 1, 1999, the department must reimburse the foster parent for the replacement value of any property covered under and subject to the limitations of this chapter (see RCW 74.13.335).

(3) For occurrences before October 1, 1999, the department will reimburse the depreciated value of any property covered under and subject to the limitations of the this chapter.) The legal basis for the department's caregiver reimbursement program is RCW 74.13.335.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-50-1010 (~~What are the eligibility requirements for reimbursements to foster parents for damages?~~) Purpose. ((Foster parents are eligible for reimbursement if the foster parents are:

(1) Licensed by DSHS or certified by a child-placing agency and licensed by the department under chapter 74.15 RCW; and

(2) Providing approved DSHS-funded foster care to children in the care, custody, and supervision of DSHS or a licensed child placing agency; or

(3) Providing department-approved and funded respite care to children.) The caregiver reimbursement program:

(1) Is established to provide reimbursement coverage to:

(a) Unlicensed kinship caregivers;

(b) Those licensed by the department or by a child placing agency (CPA) under chapter 74.15 RCW, including:

(i) Foster parents licensed in chapter 110-148 WAC; and

- (ii) Licensed kinship caregivers licensed in chapter 110-149 WAC;
and
(c) Certified respite providers when providing department approved respite;
(2) Covers:
(a) Damages caused by children or youth who are in department approved placements, within available funds, including:
(i) Property damages or property loss; and
(ii) Emergency medical expenses for themselves or their household members;
(b) Acts of ordinary negligence; and
(c) Costs for approved items not covered by the caregiver's insurance and up to the total amount the department may pay for the occurrence, per WAC 110-50-1060; and
(3) Does not cover illegal or deceitful acts taken by the caregivers in subsection (1) of this section.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-50-1020 ((What are the department's reimbursement limitations?)) Definitions. ((The following reimbursement limitations apply for claims:

- ~~(1) The PER OCCURRENCE/TOTAL amount the department will pay as the result of any one occurrence must not exceed:~~
~~(a) Five thousand dollars for all property damages and losses; or~~
~~(b) One thousand dollars for all personal bodily injuries regardless of the number of foster parents or their household members who sustain property damages, losses, or personal bodily injuries.~~
~~(2) PROPERTY DAMAGE ITEMS are limited to the repair/cleaning cost or the replacement value. The department pays replacement value if the item cannot be repaired or cleaned as substantiated by a detailed retailer estimate or if the repair cost goes over the replacement value of the item. The department may request the final repair bill from foster parents for payment made from estimates provided for purposes of recovery.~~
~~(3) PROPERTY LOSS ITEMS are limited to the replacement value as substantiated by the original purchase receipt, if available, and two replacement estimates or replacement purchase receipt.~~
~~(4) PERSONAL BODILY INJURY claims are limited to the costs incurred for receiving emergency medical treatment services that is not payable or required to be provided under workmen's compensation, or disability benefits law, or under any similar law, or provided under a personal/business medical plan.~~
~~(5) For POLICY DEDUCTIBLES, foster parents must disclose if their property damages or losses were paid or will be paid under their homeowner, automobile, or other personal/business insurance policy. The department will then limit reimbursement to the policy deductible.~~
~~(6) DENTAL EXPENSES are limited to costs not payable under a dental plan. The department will pay comparable replacement of dental appliances up to the maximum per occurrence.~~
~~(7) VISION EXPENSES are limited to costs not payable under a medical plan.~~

~~(8) LABOR EXPENSES~~ are limited to out-of-pocket costs (materials), incurred by foster parents and substantiated by a retailer. Items requiring installation are to be considered reimbursable expense.

~~(9) VETERINARY EXPENSES~~ are limited to initial treatment expense incurred immediately following an occurrence up to five hundred dollars. Initial treatment expense is defined as emergent care and diagnosis. The department pays replacement value for a property loss sustained not to exceed the substantiated value of the animal or maximum per occurrence, whichever is less.) "Caregivers" means individuals approved by the department to provide 24-hour care in their home to children and youth, including foster parents, licensed kinship caregivers, unlicensed kinship caregivers, and certified respite providers.

"Caseworkers" means primary agency workers assigned to children or youth through the department or another government agency including tribal governments.

"Child placing agency (CPA)" means agencies or tribes licensed to place children or youth for foster care or adoption and may be contracted by the department to provide professional therapeutic foster care (PTFC) services.

"Children" or "youth" means individuals who are placed by the department and are:

(a) Younger than 18 years old; or

(b) Participating in the extended foster care program and not placed in a supervised independent living (SIL) setting.

"Department" means the Washington state department of children, youth, and families.

"Emergency medical expenses" means the initial medical treatment expenses incurred immediately following an occurrence that are required for emergent care and diagnosis for the caregivers, their household members, or animals.

"Extended foster care" means the same as defined in RCW 74.13.020.

"Group care facilities (GCFs)" means licensed facilities, other than foster family homes or residential private schools, that are maintained and operated for a group of children or youth in an overnight shelter or on a 24-hour basis.

"Occurrence" means the calendar date when an act by a child or youth in an approved department placement or receiving respite care caused the damages reported in the claim that includes:

(a) Property damages;

(b) Property loss; and

(c) Emergency medical expenses.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-50-1030 ((What types of claims are specifically excluded from reimbursement?)) Eligibility criteria for the caregiver reimbursement program. ((The department specifically excludes the following from reimbursement:

(1) ~~Claims resulting from giving alcoholic beverage or other illegal substance, including tobacco products, to a foster child or respite care child for whatever reason.~~

(2) ~~Claims resulting from violation of any statute, ordinance, or regulation by the foster child or respite care child.~~

~~(3) Claims resulting from failure of the foster parent to give directions, instructions, or to provide proper or adequate supervision to the foster child or respite care child.~~

~~(4) Claims resulting from the sexual abuse, or licentious, immoral, or other sexual behavior between foster children and/or respite care children or initiated by a foster parent.~~

~~(5) Follow-up medical treatment expenses incurred by foster parents or their household member for a personal bodily injury sustained as a result of an action of the foster/respite care child.~~

~~(6) Claims for items which belong to the foster child or respite care child.~~

~~(7) Claims resulting from acts of foster children that occur while the child is on a temporary planned, unplanned, or voluntary absence from the foster home.~~

~~(8) Claims for lost wages.~~

~~(9) Claims for property damages, losses, and emergency medical treatment costs arising out of an act of the foster/respite child, with or without the permission of the foster parent, related to the ownership, operation, or maintenance of any owned motor vehicle, including surface, air, or water.~~

~~(10) Claims filed by any person other than the foster parent or their household member.~~

~~(11) Claims for unsubstantiated property damages or losses alleged to have been caused by the foster child or respite care child.~~

~~(12) Claims not received by the department's office of risk management (ORM) within a year after the date of occurrence, regardless of the reason for the delay in filing the claim.~~

~~(13) Property damages or loss of items that do not depreciate, including but not limited to antiques, heirlooms, jewelry, figurines, and coin collections.)~~ (1) For caregivers to be eligible for the caregiver reimbursement program, occurrences must have happened on the dates when the children or youth were:

(a) Placed in their home by the department; or

(b) At their home for respite and the caregiver was receiving respite payments from the department.

(2) The following placements are not eligible to receive reimbursement from the caregiver reimbursement program:

(a) GCFs;

(b) Trial return home placements;

(c) Placements where the damage is covered by the CPA;

(d) Youth missing from care;

(e) Overnight status with parents or guardians;

(f) Extended foster care youth in a supervised independent living (SIL) setting; and

(g) Inpatient treatment facilities.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-50-1040 ((What is the procedure for filing a claim?))

Submitting the caregiver reimbursement program claim. ~~((1) Within thirty days of an occurrence of property damage, loss, or emergency medical treatment, the foster parent must:~~

~~(a) Request from the child's social worker a Foster Parent Reimbursement Plan Claim, DSHS 18-400(X) (Rev. 6/96) to file a claim;~~

~~(b) Submit the completed claim with all requested information plus any required substantiating documentation;~~
~~(2) The claimant must include a statement documenting the reasons for the delay in filing the claim on claims filed more than thirty days after an occurrence.)~~ (1) Caregivers must complete the following when submitting their claims for the caregiver reimbursement program:
(a) Submit their claims within 90 calendar days of the occurrence of the property damages, property loss, or emergency medical expenses by:
(i) Obtaining the current claim form from a department employee or the department's website;
(ii) Completing their claim forms and include:
(A) A description of the specific items damaged;
(B) A narrative detailing the occurrences;
(C) The date of the occurrences; and
(D) One of the following:
(I) A detailed invoice, estimate, or receipt that includes proof of payment in full;
(II) A detailed invoice or estimate and separate proof of payment in full; or
(III) Two detailed estimates itemizing the cleaning, repair, or comparable replacement cost for each item. If the department makes a payment from an estimate, the department may require a final zero balance paid receipt;
(E) The disclosure of whether the items are covered under their public or private insurance policy;
(F) Clear photos of the damages for each claim item; and
(G) Their signature;
(iii) Submitting the completed claims with the required documentation to both the:
(A) Child's or youth's caseworker; and
(B) Caregiver claims manager; and
(C) Fully cooperating with the substantiation process;
(b) Include a statement with the reasons for the delay when filing claims more than 90 calendar days after the occurrence and the department will determine whether the claims will be reviewed.
(2) The department will determine whether the claims submitted more than 90 calendar days after the occurrence will be eligible for review.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-50-1050 ~~((Which office within the department determines damage reimbursement?))~~ **Determining the reimbursement amount for caregiver reimbursement program claims.** ~~((The department's office of risk management determines whether a claim will be paid.))~~ The caregiver claims manager must:
(1) Review caregiver reimbursement program claims and determine the reimbursable costs for:
(a) Damaged or destroyed items in the following order by determining if the items:
(i) Can be cleaned or repaired; or
(ii) Cannot be cleaned or repaired. If the items cannot be cleaned or repaired, the department will determine the comparable re-

placement cost using estimates based on the same attributes as the items that were damaged or destroyed;

(b) Emergency medical expenses related to the occurrence for the caregivers and their household members, including:

(i) Medical;

(ii) Dental; and

(iii) Vision;

(c) Emergency veterinary expenses for animals owned by the caregivers; and

(d) Animal loss;

(2) Provide the final decision in writing that includes:

(a) The department's decision on whether the caregivers' claims are eligible for reimbursement; and

(b) The amount that will be paid by the department for eligible items;

(3) Reimburse caregivers for the approved claim items within program limits and available funds; and

(4) Maintain oversight of claims and payments.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-50-1060 ((How are exception requests made?)) Reimbursement limitations for the caregiver reimbursement program. ((Written requests for exceptions to the terms, limitations, and exclusions specified in the foster parent reimbursement plan must be made to the ORM, Risk Management Administrator, P.O. Box 45844, Mailstop 45844, Olympia, WA 98504-5844. The request must include the justification for the request and alternatives explored. ORM staff will discuss and review requests for exceptions with the CA foster care program manager. Staff in the CA division of program and policy development make final decisions on exceptions.)) (1) The department will:

(a) Follow these reimbursement limitations when determining reimbursement amounts for the caregiver reimbursement program claims:

(i) The total amount the department will pay as the result of one occurrence must not exceed:

(A) \$10,000 for all property damages and losses;

(B) \$3,000 for claims related to the ownership and operation of a motor vehicle;

(C) \$1,000 for emergency medical expenses; and

(D) \$500 for emergency veterinary expenses;

(ii) For damage caused over a period of time, the date of the occurrence is the last date the damages occurred;

(iii) The total reimbursement cost is assessed for each occurrence separately and includes the costs for each item in the occurrence;

(iv) The limitations for each occurrence must apply regardless of whether there are multiple claims from the same occurrence;

(v) The total reimbursement cost for property damages or loss and emergency medical expenses are limited to the costs:

(A) Not covered under any available insurance policy, up to the maximum occurrence costs in (a) (i) of this subsection;

(B) Of the insurance policy deductible and any out-of-pocket expenses, up to the maximum occurrence costs in (a) (i) of this subsection; and

(vi) Dental or vision appliances are limited to comparable replacements up to the maximum occurrence costs in (a) (i) of this subsection; and

(b) Consider damages from the same occurrence claimed by one or more caregivers in the same household as a single occurrence;

(c) Pay comparable replacement costs only if the:

(i) Item cannot be cleaned or repaired; or

(ii) The comparable replacement cost of the item is less than the cleaning or repair cost;

(d) Reimburse for labor expenses for the amount payable to a licensed business;

(e) Reimburse caregivers or household members that complete repairs for materials only;

(f) Not require caregivers to use their insurance policy but will only consider reimbursement for the insurance deductible, coinsurance amounts, and any out-of-pocket expenses up to the limit of the occurrence in (a) (i) of this subsection;

(g) Veterinary expenses are limited to animal emergency medical expenses; and

(h) Pay the replacement value for animal loss, not to exceed the substantiated value of the animal or maximum per occurrence, whichever is less.

(2) Caregivers must:

(a) Notify the department if their property damages or losses were paid, will be paid, or are coverable under a homeowners', motor vehicles, or other public, personal, or business insurance policy; and

(b) Provide detailed medical bills and insurance statements or explanation of benefits showing the amount covered for emergency medical expenses.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-50-1070 ((What claims may the department deny?)) Exclusions from the caregiver reimbursement program. ((The department must deny any claim in which any material fact or circumstance of a property damage, loss, or personal bodily injury is misrepresented or willfully concealed by the foster parent. The department is entitled to recover any payments made in these cases. Claims found to be fraudulent involving theft or collusion are subject to criminal investigation.)) The department will not provide caregiver reimbursement for the following:

(1) Claims resulting from:

(a) Licensed caregivers' lost wages;

(b) Individuals other than the licensed caregiver filing the claim;

(c) Property damages or loss of items that do not depreciate;

(d) Loss of intangible assets;

(e) Damages to items that belong to the children or youth;

(f) Licensed caregivers or their household members giving alcoholic beverages, tobacco products, or other illegal substances to children or youth placed in their home or in respite care;

(g) Acts committed by licensed caregivers that are:

(i) Dishonest;

(ii) Fraudulent;

- (iii) Criminal; or
- (iv) Intentional;
- (h) Licensed caregivers deliberately leaving out important information for the claim;
- (i) Licensed caregivers' violation of any statute, ordinance, or regulation;
- (j) Licensed caregivers' illegal conduct or bad faith acts when providing care to children or youth;
- (k) Licensed caregivers' failure to:
 - (i) Give directions or instructions; or
 - (ii) Provide proper or adequate supervision;
- (l) Sexual abuse or other sexual behaviors by any individual;
- (m) A judgment against licensed caregivers based on alienation of affection; and
- (n) Acts by children or youth that occur while they are on a temporary planned, unplanned, or voluntary absence from the placement;
 - (2) Unsubstantiated claims; and
 - (3) Claims not received by the department within one year after the date of the occurrence, regardless of the reason for the delay in filing the claim.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-50-1080 (~~What must a foster parent do to have a denied claim reconsidered?~~) Caregiver reimbursement program claim denials.
 ((The foster parent must submit a request for reconsideration in writing within thirty days of the previous decision to the claims program manager, DSHS Office of Risk Management (ORM), P.O. Box 45844, Mailstop 45844, Olympia, WA 98504-5844. The request must include information or documentation not previously provided. All determinations made by the risk management administrator are final and do not constitute a basis for requesting or obtaining an administrative fair hearing.))
The department:

- (1) Will:
 - (a) Deny caregiver reimbursement program claims:
 - (i) That are not supported or substantiated by evidence submitted;
 - (ii) For items or amounts not covered or excluded by the terms, limitations, or exclusions of the caregiver reimbursement program;
 - (iii) For ineligible placements; or
 - (iv) When the property damages, property loss, or emergency medical expenses are misrepresented or willfully concealed by caregivers or other parties involved; and
 - (b) Report caregiver reimbursement program claims found to be fraudulent or involving theft or collusion involving public funds per RCW 43.09.185; and
- (2) May:
 - (a) Recover payments made for caregiver reimbursement program claims that were determined to be ineligible; or
 - (b) Refer caregiver reimbursement program claims found to be fraudulent involving theft or collusion involving public funds to the assistant attorney general and local law enforcement.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-50-1090 (~~((Will the department investigate claims?))~~)

Caregiver reimbursement program claim appeals. (~~((The foster parent must permit the department, upon request, to inspect the damaged property. The department retains the authority to have an inspector of its choice make a damage estimate when, and as often, as the department may require.))~~) (1) Caregivers:

(a) Must:

(i) Contact the caregiver claims manager to request the claim appeal form for the caregiver reimbursement program for property damages, property loss, or emergency medical expenses;

(ii) Include the justification and alternatives explored when requesting exceptions to the terms, limitations, and exclusions; and

(iii) Submit the claim appeal forms to the caregiver claims manager within 30 calendar days of the notification of the final claim decision from the department. If appeal requests are not received within 30 calendar days, the department will not review them;

(b) Cannot appeal the use of a private or public insurance policy available to them when the item is covered and reimbursable by their insurance policy. The department will not require them to use their insurance policy, but the reimbursement amounts will be determined as if they did, per WAC 110-50-1060; and

(c) Do not have the right to an administrative hearing to challenge the denial of the appeal;

(2) The department will notify caregivers of the appeal decision within 90 calendar days of receipt of the claim appeal.

NEW SECTION

WAC 110-50-1095 Caregiver reimbursement program claim investigations. (1) The department:

(a) May conduct investigations on caregiver reimbursement program claims; and

(b) Has the authority to have an inspector of its choice make a damage estimate when, and as often, as the department may require.

(2) Caregivers must allow the department to inspect the damaged property when requested.