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PROPOSED RULE MAKING



CR-102 (December 2017) (Implements RCW 34.05.320)

Do NOT use for expedited rule making

STATE OF WASHINGTON FILED DATE: March 13, 2019

TIME: 4:16 PM

WSR 19-07-035

| Agency: Employment | Security Department |
|--------------------|---------------------|
| Original Notice | |

□ Supplemental Notice to WSR

□ Continuance of WSR _

☑ Preproposal Statement of Inquiry was filed as WSR 18-21-003 ; or

□ Expedited Rule Making--Proposed notice was filed as WSR ____; or

□ Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or

 \Box Proposal is exempt under RCW ____

Title of rule and other identifying information: (describe subject) WAC 192-500 Definitions

• WAC 192-500-110 Week

- WAC 192-500-120 Employee fraud
- WAC 192-500-130 Nondisclosure
- WAC 192-500-140 Willful nondisclosure
- WAC 192-500-150 Misrepresentation
- WAC 192-500-160 Continued claim
- WAC 192-500-170 Self-employed

WAC192-510 Assessing and Collecting Premiums

• WAC 192-510-025 What wages are reportable to the department for premium assessment purposes?

WAC192-610 Initial Applications for Benefits

- WAC 192-610-070 Can an employee cancel a claim after it has been submitted to the department?
- WAC 192-610-075 Can an employer require an employee to take paid time off in place of paid family or medical leave benefits?
- WAC 192-610-080 When should an employee reopen a claim?
- WAC 192-610-085 How should an employee reopen a claim?

WAC192-620 Weekly Benefits

- WAC 192-620-005 What is the minimum claim duration?
- WAC 192-620-010 How should employees request benefit payments?
- WAC 192-620-020 What information will the department request from employees when filing for weekly benefits?
- WAC 192-620-025 What happens if an employee is being conditionally paid benefits?

WAC192-630 Claim Determinations

- WAC 192-630-005 What happens if there is a question regarding whether an employee is qualified for benefits?
- WAC 192-630-010 What happens if an interested party does not respond to the department's request for information?
- WAC 192-630-015 How will a determination be made about an employee's eligibility for benefits?

WAC 192-800 Practice and Procedure

- WAC 192-800-005 What is the standard the department will use to determine fraud?
- WAC 192-800-010 How will the disqualification periods and penalties be assessed for an employee who is determined to have committed fraud?
- WAC 192-800-015 When will the department change an occurrence of fraud?

| Hearing location(s): | | | |
|----------------------|-------|-------------------------|----------|
| Date: | Time: | Location: (be specific) | Comment: |

| May 22, 2019 | 1:00pm | 640 Woodland Square Loop SE, Lacey WA 98503 | Meeting will be in the Park Pla | | | |
|---|-----------------------------|--|---------------------------------|---------------------------|--|--|
| May 29, 2019 | 9:00am | 322 N Spokane Falls Court, Spokane WA 99201 | Double Tree Hilton Spokane C | City Center | | |
| Date of intended add | ption: May 3 | <u>30, 2019</u> (Note: This is NOT the e | ffective date) | | | |
| Submit written comr | Submit written comments to: | | | | | |
| Name: Christina Streu | ıli | | | | | |
| | • | epartment PO Box 9046, Olympia, | WA 98507-9046 | | | |
| Email: cstreuli@esd.w | /a.gov | | | | | |
| Fax: | | | | | | |
| | | eakdemocracy.com/portals/289/for | um_home?phase=open | | | |
| By (date) <u>May 29, 201</u> | | | | | | |
| Assistance for perso | | | | | | |
| Contact Teresa Eckst | <u>ein, State EC</u> | <u>Officer</u> | | | | |
| Phone: (360) 902-935 | 4 | | | | | |
| Fax: | | | | | | |
| TTY: 711 | | | | | | |
| Email: TEckstein@es | d.wa.gov | | | | | |
| Other: | | | | | | |
| By (date) <u>May 22, 201</u> | | | | | | |
| | | anticipated effects, including an | | | | |
| | | ave requirements for premium asse | | tion for benefits, weekly | | |
| penetits, claim determ | linations, and | I provide practices and procedures | for fraud determinations. | | | |
| | | | | | | |
| | | | | | | |
| Reasons supporting | proposal: T | he rules will assist in meeting the r | equirements to implement payr | nent of benefits to | | |
| | | 020 as mandated by Title 50A RC | | | | |
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| Statutory authority f | or adoption: | RCW 50A.04.215 | | | | |
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| • • | | V 50A.04.010, 50A.04.020, 50A.04 | | 50A.04.045, 50A.04.050, | | |
| 50A.04.065, 50A.04.1 | 05, 50A.04.1 | 85, 50A.04.510, 50A.04.085, 50A.0 | 04.045, and 50A.04.260. | | | |
| | | | | | | |
| Is rule necessary be | cause of a: | | | | | |
| Federal Law? | | | | 🗆 Yes 🛛 No | | |
| Federal Court | Decision? | | | 🗆 Yes 🛛 No | | |
| State Court De | cision? | | | 🗆 Yes 🛛 No | | |
| If yes, CITATION: | | | | | | |
| | r recommen | idations, if any, as to statutory la | nguage implementation enf | orcoment and fiscal | | |
| matters: | | idations, il any, as to statutory la | inguage, implementation, ent | orecinent, and notal | | |
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| | | | | | | |
| Name of proponent: | (person or or | ganization) Employment Security [| Department, Paid Family and | Private | | |
| Medical Leave Divisio | n | | | Public | | |
| | | | | ☑ Governmental | | |
| Name of agency personnel responsible for: | | | | | | |
| | Name | Office Location | | Phone | | |
| Droffing | | | | | | |
| Drafting: Cł | nristina Streu | li Lacey, WA | | 360-791-6710 | | |

| | | Lacey, WA | 360-742-7311 |
|---|---|--|--|
| Enforcement: | Matt Buelow | Lacey, WA | 360-742-7311 |
| | istrict fiscal impact state tatement here: | ment required under RCW 28A.305.135? | 🗆 Yes 🛛 No |
| • | | school district fiscal impact statement by contacti | ing: |
| Nam | - | | |
| Pho | ress: | | |
| Fax | | | |
| TTY | | | |
| Ema | ail: | | |
| Othe | er: | | |
| s a cost-ben | efit analysis required und | der RCW 34.05.328? | |
| | | analysis may be obtained by contacting: | |
| Nam | | | |
| Add Pho | ress: | | |
| Pho Fax: | | | |
| TTY | | | |
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| Explanation of exemptions, if necessary: RCW 34.05.328(5)(c)(ii) creates an exemption for interpretive rules. This exemption applies to portions of the proposal. RCW 34.05.328(5)(c)(i) creates an exemption for procedural rules. This exemption applies to portions of the proposal. | | | | |
|---|---|--|--|--|
| COMPLETE THIS SECTION ONLY IF NO EXEMPTION APPLIES | | | | |
| If the proposed rule is not exempt , does it impose more-that | n-minor costs (as defined by RCW 19.85.020(2)) on businesses? | | | |
| □ No Briefly summarize the agency's analysis showir | ng how costs were calculated. | | | |
| Yes Calculations show the rule proposal likely impose economic impact statement is required. Insert statement | ses more-than-minor cost to businesses, and a small business here: | | | |
| The public may obtain a copy of the small business ec contacting: | conomic impact statement or the detailed cost calculations by | | | |
| Name: | | | | |
| Address: | | | | |
| Phone: | | | | |
| Fax: | | | | |
| TTY: | | | | |
| Email: | | | | |
| Other: | | | | |
| Date: March 13, 2019 | Signature: | | | |
| Name: Matthew J. Buelow | Mant Bul | | | |
| Title: Policy and Rules Manager for Paid Family and Medical Leave | | | | |