

Operations Manual

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3310. CA Advisory Committees

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RCW 43.20A.360 and RCW 74.13.031 govern the creation and utilization of a statewide Children's Services Advisory Committee as well as Regional Oversight Committees.

3311. State Children's Services Advisory Committee

3311. State Children's Services Advisory Committee [sarah.sanchez](#) Tue, 08/07/2018 - 00:44

1. The task of the statewide committee is to assist the Secretary in the development of a partnership plan for utilizing resources of the public and private sectors and to advise on all matters pertaining to child welfare, adoption, and related services.
2. The statewide committee membership is a broad-based group of child and family advocates, at least one of whom is from the adoption community, who represent diverse geographic, cultural, political, service/treatment, and other professional constituencies.
3. The statewide committee consists of 18 members -- two from each region and six at-large. At least five members must be from Regions 1 and 2. One member of each regional committee shall represent the region as a member of the statewide committee.
4. Membership is by application to the Assistant Secretary, and members may serve a maximum of two three-year terms.
5. The statewide committee holds 10 regularly scheduled one-day meetings each year. Travel arrangements and reimbursement are handled through the state office for the committee.

5710. Blood Borne Pathogens Protection Plan

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5711. Purpose and Scope

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1. Employers must assess the risk to employees for a reasonably-anticipated potential for occupational exposure to blood and other potentially infectious materials during the course of performing their assigned duties. Although the risk of occupational exposure to blood borne pathogens (BBP) has been determined to be quite low for Children's Administration personnel, CA has stipulated this Blood Borne Pathogens Protection Plan to further minimize the risk of exposure, to provide guidance addressing unexpected exposure to blood and/or bodily fluids, and to meet requirements set forth by the Occupational Safety and Health Administration (OSHA), and the Washington Industrial Safety and Health Act (WISHA).
2. The plan applies to and is accessible to all employees and will be reviewed and updated annually, or as required by statute.

5712. Definitions

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Definition of terms applicable to the Plan is found in [Appendix A](#).

5713. Methods of Implementation

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1. General-All employees will use Universal Precautions (see [Appendix A](#)) whenever there is reasonably anticipated contact with blood or other potentially infectious fluids.
2. Safe First-Aid Practices
 1. The Regional Administrator or appropriate Director shall ensure that each office provides and maintains first aid kits and equipment which minimally include several sets of gloves, CPR protective shields, germicidal hand wipes, and plastic disposal bags.
 2. First line supervisors in each office shall inform their employees of the location of, and ensure that they have immediate access to, first aid equipment and will encourage them to use it while rendering first aid.
 3. Staff designated by the Regional Administrator or the applicable Director shall determine the location of first aid kits, to include placement in state cars and in office reception areas, bathrooms, and kitchens. Designated staff shall develop local procedures which include local office information and methods for documenting notification to staff.
 4. The office procedures shall designate and identify staff responsible for stocking of the kit and include posting names of responsible staff.
 5. Whenever blood or other potentially infectious materials may be present, the employee rendering first-aid shall use appropriate personal protective equipment, such as gloves. The employee shall immediately wash his/her hands after gloves are removed.
 6. The person giving CPR shall use a one-way valve micro-shield and then appropriately discard it.
 7. If there is more than one victim, the person giving assistance shall use new protective equipment, such as gloves and CPR micro-shields, for each victim.
3. Disposal of Contaminated Items
 1. Staff shall handle all material exposed to and contaminated with blood or other potentially infectious materials with gloves. Staff shall place and transport contaminated material in a plastic bag that prevents soak-through and/or leakage to the exterior.
 2. The employee shall label the bag as to contents with label prominently displayed and dispose of contents in trash bins unless contents meet the definition of regulated waste (See [Appendix A](#)). In that case, the employee shall dispose of contents in accordance with state and local regulations; e.g., by taking the bag to a local hospital or medical clinic for disposal, by depositing with the fire department's emergency response team on the scene, or by calling the local solid waste utility for further information.
4. Laundry
 1. To prevent the spread of contamination, staff shall remove all clothing that has been contaminated with gloves and place it in a plastic bag that prevents soak-through and/or leakage. The bag shall be labeled as to contents with label prominently displayed.
 2. The employee shall change out of contaminated clothing. CA shall provide temporary clothing, such as surgical scrubs, for the person to wear.
 3. If the employee is in the field and not intending to return to the work site, he/she should remove contaminated clothing, place it in a plastic bag immediately on arriving home, and return it to the work site as soon as possible.
 4. Employees shall not take contaminated personal clothing home for home-laundrying.
 5. The CA office, in accordance with local or regional procedures, shall arrange for professional cleaning, laundrying, repair and/or disposal and replacement of the garment at no cost to the employee. Payment for the cleaning will be handled according to regional policy. Local procedures shall state to whom the contaminated laundry shall be given.

5. Cleaning

1. All CA property that may have been contaminated with blood or other potentially infectious materials shall be cleaned immediately or as soon as possible after the incident, in accordance with local procedures.
2. Employees shall wear gloves during all cleaning procedures.
3. Employees shall dispose of gloves used for cleaning procedures into a plastic bag. The employees shall wash their hands immediately after gloves are removed.
4. Each CA office shall provide and make available appropriate cleaning supplies, such as bleach, Lysol, AseptiCare, or MegaSol.
5. Employees shall use a household bleach solution in a mixture of one part bleach to 10 parts water made fresh for immediate use or an appropriate germicide, which may include Lysol Spray, AseptiCare, or MegaSol.
6. Staff shall handle all broken glass or other "sharps" with broom, dust pan, tongs, or forceps in order to reduce the risk of exposure. If items are contaminated, staff shall pour bleach solution or germicide over the area, prior to removal.
7. Staff shall dispose of broken glass and/or "sharps" into containers that are leak-, spill- and cut-proof.

6. Training

1. The Regional Administrator or Director, as applicable, shall arrange for all employees to be trained in order to become knowledgeable on the plan.
 2. Training shall be provided during work hours and free of charge to all employees.
 3. All new employees shall be trained during employee orientation.
 4. The training shall address, at a minimum, the following subjects:
 1. Blood borne pathogens.
 2. Universal precautions.
 3. Safe first-aid practices.
 4. Blood borne Pathogens Protection Plan.
 5. All employees who have received training shall sign a S. F. 141, Developmental Training Report.
7. Post-Exposure Prophylaxis, Evaluation, and Follow-up-Each Regional Administrator, Regional Manager, or Director, as appropriate, shall arrange for provision of post-exposure follow-up and prophylaxis to all employees who have an exposure to blood and/or other potentially infectious body fluids while on the job.
1. Employee Self-Care-Every employee shall be informed during training of the following necessary self-care process:
 1. Exposure to the eyes - Flush eyes with water and/or appropriate solution.
 2. Exposure to the nose - Blow nose and wipe inside of nostril.
 3. Exposure to the mouth - Spit and rinse mouth.
 4. Exposure to skin - If a hand washing facility is not available, wipe immediately with germicidal towelette and then, as soon as possible, wash in hand washing facility.
 2. Incident Reporting-After every incident involving blood or other potentially infectious material, the employee shall report the incident to a supervisor. If exposure has occurred, the supervisor shall assist the employee in filling out a Report of Employee Personal Injury, DSHS 3-133.
 3. Medical Follow-up
 1. The supervisor shall ask the employee to go to a licensed health care professional immediately or at least within 24 hours of the incident for a post-exposure evaluation and follow-up.
 2. The employee will take the following to the health provider:
 1. A copy of the Report of Employee Personal Injury, DSHS 3-133.
 2. A post-exposure evaluation form for the health care professional's written opinion.

3. A copy of the portion of WAC 296-62-08001(6) noting requirements for evaluation & follow-up.
3. The supervisor shall complete the Report of Employee Personal Injury, DSHS 3-133, and route copies following the instructions on the form, including forwarding a copy of the Department of Labor and Industries (L&I) report to the Office of Safety & Risk Management, once the completed copy is received from the health care provider.
4. Post-exposure evaluation and follow-up may consist of HIV counseling and testing, Hepatitis B immunoglobulin, and the offer of the full series of the Hepatitis B vaccine.
 1. CA shall make available all post-exposure evaluation and follow-up, including hepatitis B vaccination, at no cost to the employee.
 2. Employees who decline to receive recommended HBV vaccination must sign a declination form.
5. The designee of the Regional Administrator or Director, as applicable, shall request that the source individual have his/her blood tested as soon as possible, with the test results disclosed to the exposed employee. The source individual is not required by law to have the tests or to disclose test results.
6. The designee shall remind the exposed employee that the test results are not to be disclosed to anyone, except for the health care provider providing the employee's medical evaluation. When the source individual is already known to be infected with hepatitis B virus or human immunodeficiency virus (HIV), blood testing for these viruses need not be requested.
4. Record-Keeping
 1. The health care provider will report back to CA that appropriate post-exposure evaluation, prophylaxis, and follow-up has been offered.
 2. All medical records of this exposure follow-up will be kept confidential by CA for the duration of the person's employment plus thirty years. Records will be maintained by the DSHS Office of Risk Management, Safety and Health Section, and will not be included in the employee's personnel file.
5. Payment
 1. The regional office, for field staff, and state office, for headquarters staff, shall make payment for supplies, laundering, shots, and other expenses related to first aid practices, BBP exposures, and exposure preparations.
 2. The Regional Administrator or Director, Division of Management Services, as appropriate, shall determine the method of payment and include funding in the appropriate budget.
 3. The Regional Administrator, the Regional Manager, and the applicable Director shall ensure the development of local procedures, including identification of person to whom payment questions and requests shall be directed.

5720. Blood Borne Infections

5720. Blood Borne Infections [sarah.sanchez](#) Tue, 08/07/2018 - 00:56

5721. Purpose and Scope

5721. Purpose and Scope [sarah.sanchez](#) Tue, 08/07/2018 - 00:56

This section provides guidelines for the implementation of procedures pertaining to infections carried in the blood, such as Sexually Transmitted Diseases (STDs), specifically Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV).

5723. Implementation Practices/Procedures

5723. Implementation Practices/Procedures [sarah.sanchez](#) Tue, 08/07/2018 - 00:59

1. Non-Discrimination

1. CA shall not discriminate against persons with or perceived to have HIV infection. This policy includes discrimination against employees, clients, licensees, contractors, or volunteers. Procedures for persons who believe they have been subjected to discrimination because of HIV status are found in DSHS Administrative Policy 6.09.
2. Licensees are not required by law to share their HIV status with licensers. If this information is shared by the licensee or prospective licensee, licensers may request additional health information, as is the case with disclosure of any serious illness of a licensee. Decisions regarding continued licensing of an HIV infected person are made in the same manner as any serious illness.

2. Regional HIV/BBP Coordinator

1. Each Regional Administrator must designate an HIV/BBP Coordinator to oversee issues related to HIV, HBV, and other BBPs.
2. The social worker refers all HIV/HBV affected cases and issues related to BBP to the regional HIV/BBP Coordinator for consultation and staffing as appropriate.
3. The Coordinator:
 1. Provides information and consultation on CA policy.
 2. Provides consultation for case management.
 3. Serves as liaison with the health care community and AIDS service organizations.
 4. Convenes the HIV/BBP Advisory Team.

3. Regional HIV/BBP Advisory Team

1. Each Regional Coordinator must develop an HIV/BBP Advisory Team to advise on issues related to HIV, HBV, and other BBP.
2. The Regional HIV/BBP Advisory Team:
 1. Assists, as necessary, with development of regional guidelines on issues related to HIV/BBP.
 2. Provides case consultation, as needed.

4. Universal Precautions-All staff, out-of-home care providers, volunteers, licensees, and respite care providers must use universal precautions when dealing with children in care and treat all blood and body fluids containing blood as if known to be infectious. See section 5710, Blood Borne Pathogens Protection Plan.

5. HIV Testing

1. HIV testing of a child is a medical procedure and, therefore, must be done only in consultation with the Regional HIV/BBP Coordinator and on the recommendation of the local health department or a licensed health care provider knowledgeable about HIV infection.
 1. When HIV testing of a child under the age of 14 is being requested as a result of potential perinatal exposure, the social worker or HIV/BBP Coordinator shall inform the child's mother of the request and ask the mother to provide the results of her past HIV tests or to be tested in order to possibly eliminate the need for testing of the child. This testing is voluntary and will be confidential, consistent with this section.
 2. When parental rights have been terminated, the social worker of a child under the age of 14 may authorize HIV testing.
 3. The social worker shall obtain a court order for testing if the parent or legal guardian is unavailable or unwilling to provide consent for testing of a child under the age of 14 and if a medical reason for testing exists.

4. If a child under 14 years of age tests positive for any STD, including HIV, the HIV/BBP Coordinator shall ensure that the medical professional or the local health department notifies the parent or legal guardian of the test results.
2. HIV/STD testing of a youth age 14 or over requires the written consent of the youth or a court order. The youth may request testing on his/her own authority.
 1. The written consent or court order shall authorize test results for HIV or HBV to be released to the social worker and out-of-home care provider.
 2. When obtaining a court order or a consent for HIV testing, the social worker shall, if needed, also gain authority to share the results with others who have a compelling "need to know" and are not otherwise authorized to know under chapter 70.24 RCW. All such individuals shall be identified in the consent or court order. The consent or court order shall authorize treatment, as necessary.

6. Confidentiality/Disclosure

1. Infection with HIV and other sexually transmitted diseases is a personal and private matter. Staff, care providers, and volunteers shall treat information related to these issues in a confidential and respectful manner and shall not disclose this information except in accordance with state law and as provided in this section and paragraphs G and H, below
2. Disclosure Practices and Criteria
 1. The social worker shall ensure that the child's current health care provider is aware of the child's exposure to HIV/HBV.
 2. Social workers shall not disclose information related to a parent or child's HIV or other STD status to other CA employees, except their immediate supervisor, manager, and HIV/BBP Coordinator.
 3. When the social worker or HIV/BBP coordinator provides written disclosure of HIV/BBP status information to someone outside of CA, the social worker or HIV/BBP Coordinator shall include the following statement on the Disclosure of Confidential HIV Information, DSHS 09-837:

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose.

4. When the social worker or HIV/BBP coordinator provides HIV/BBP information regarding a parent or child is disclosed orally to someone outside of CA, the social worker shall send the Disclosure of Confidential HIV Information, DSHS 09-837, to the person(s) receiving the information within 10 days of the disclosure.
5. Documentation that a parent or child has been tested for HIV or other BBP shall be recorded and stored electronically in FamLink.

Document HIV/BBP status in the "Medical Problems" pop-up. Copies of medical records regarding the testing results or HIV/BBP related information will be scanned and stored in the FamLink "Filing Cabinet". Access to this information is secured and limited to the assigned social worker and their supervisor.

Copies of documents and medical records regarding HIV/BBP status or related information may also be kept in a "privileged/confidential information" envelope used to safeguard sensitive case information. Access to this envelope is strictly limited to those authorized by law, with consent or as noted on a court order. Access to other parts of the child's record does not assume the right to access HIV/BBP information.

6. Social workers shall not disclose HIV/BBP information in written reports to the court without consultation with the assigned legal counsel.
7. When HIV/BBP information is discussed in court, the social worker, through legal counsel, shall make special arrangements with the court to protect the confidentiality of the parties.

7. Placement

1. DCFS staff shall inform the residential care provider of the child's HIV/HBV status, if known. The social worker shall not inform the residential care provider of the HIV/HBV status of a child age 14 or older without the child's permission or a court order. However, the social worker shall inform the child that no placement will be made without disclosure of such status to the prospective residential care provider.
2. HIV exposed/infected children may be placed with other children unless otherwise advised by the health care provider. However, DCFS staff shall not place known HBV infected children or perinatally exposed infants in households with other unvaccinated persons.
3. The social worker shall strongly consider a child's and/or parent's wish not to disclose a child's positive HIV/HBV status to relatives when investigating a potential relative placement. However, if the child is actually placed, the social worker must disclose the child's HIV/HBV status. This revelation could negatively impact family relationships.
4. The social worker shall arrange for provision of medical attention for the HIV/STD infected/exposed child by a physician knowledgeable in this specialty area.
5. When placing a child known to be HIV/HBV exposed or infected, the social worker, in addition to providing the residential care provider with information regarding the child's current health status and names of all health care providers, shall inform the residential care provider of all resources involved and provide instruction in any special care needs of the child prior to placement.
If exposure of infection is discovered after placement, the social worker shall immediately provide the above information to the residential care provider and ensure the provision of instruction in any special care needs.
6. When HBV infection is discovered in an individual living or working in a foster/receiving/group home, the social worker shall immediately notify the Regional HIV/BBP Coordinator and the local health department. Public health department recommendations for testing and immunization of household contacts shall be followed. DCFS staff shall place no additional unimmunized children in the home while the possibility of exposure exists.

8. Adoption

1. The adoption worker or HIV/BBP Coordinator shall provide prospective adoptive parents with all available information on the STD/HIV/HBV status of children under 14 years of age.
2. For children age 14 or above, the social worker shall not disclose status without the child's permission but shall not place the child without such disclosure.
3. Staff shall share the STD/HIV/HBV status, if known, of the parents, if the possibility of infection of the child by that parent exists. In such cases, the identity of the parents may not be disclosed.
4. CA staff shall identify children with HIV infection in adoption exchange books and/or media as having "serious medical problems." HIV exposure of uninfected children does not need to be noted in exchange books. Only when a serious inquiry is received and the social worker has determined that the family is a potential candidate should the child's specific medical history be discussed. The social worker shall not disclose the child's name until the family is selected as the adoptive family.
5. The social worker shall provide prospective adoptive parent(s) with the Child's Medical and Family Background Report, DSHS 13-041(X). The social worker shall include on the document all available medical information related to the child and biological parent, including HIV/STD information if possibility of exposure exists. The identity of the parent is not disclosed on this form.

6. When HIV testing is recommended, the social worker shall consult with the HIV/BBP Coordinator and arrange for completion of the test prior to finalization of the adoption.
7. The social worker shall inform the prospective adoptive parent that HIV I infection may qualify a child for adoption support.
9. Training
 1. CA shall arrange for all employees to receive HIV/BBP training which covers prevention, transmission, infection control, treatment, testing, confidentiality CA-related policy and procedure, as it relates to adults and children.
 2. All individuals and agencies licensed by CA shall receive HIV/BBP training which covers prevention, transmission, infection control, treatment, testing, confidentiality and CA-related policy and procedure, as it relates to adults and children.

7122. Responsibility for Purchasing and Inventory

7122. Responsibility for Purchasing and Inventory [sarah.sanchez](#) Tue, 08/07/2018 - 01:18

1. The Regional Administrator, Regional Manager, or Director, as applicable, shall implement procedures indicating staff responsibility for purchase of office supplies, equipment, and services in compliance with state guidelines, for maintenance of proper inventory controls, and for surplus of state-owned property.
2. In exercising these responsibilities, the designated staff must:
 1. Adhere to the separation of duties guidelines in Generally Accepted Accounting Principles (GAAP) when ordering, receiving, inventorying, and surplussing equipment and supplies.
 2. Maintain a level of inventory consistent with use and reorder items as necessary to avoid depletion of supplies.
 3. Maintain a desk manual detailing all the necessary procedures for purchasing, inventorying, and surplussing equipment and supplies.
 4. Retain a copy of all purchasing documents; e.g., request notes, purchase order copies, invoices, and packing lists.
 5. Update information on the Agency Inventory System (AIS) computer program.

7123. Responsibility for Managing/Using Inventory

7123. Responsibility for Managing/Using Inventory [sarah.sanchez](#) Tue, 08/07/2018 - 01:18

1. Children's Administration staff must:
 1. Use property assigned to the staff only for official state purposes.
 2. Take precautions necessary to protect state property from theft and damage.
 3. Report lost or stolen property immediately to staff designated in regional or state office procedures.

7133. Receiving, Paying, Inventorying, and Surplussing

7133. Receiving, Paying, Inventorying, and Surplussing [sarah.sanchez](#) Tue, 08/07/2018 - 01:20

Staff designated by regional or state office procedures shall:

1. Record items received, as required, in the automated inventory system, noting the item(s) location and assignee, if appropriate.
2. Tag items according to requirements in the AIS Manual.
3. Process the order for payment through regional or headquarters accounting staff, as applicable.
4. When surplus items, complete a Property Disposal Request, SF 267A, in accordance with the AIS Manual and submit it through the regional business office or headquarters property control to the Office of Staff Services for processing.
5. Conduct biennial property inventories as required by the AIS Manual using computer print-outs from the AIS system.

7362. Procedures

7362. Procedures [sarah.sanchez](#) Tue, 08/07/2018 - 01:35

1. Each Regional Administrator and DLR Regional Manager must ensure that each of their respective local and regional offices develops and implements written procedures for use and maintenance of its FAX machines.
2. Staff must not use FAX machines for the transmission of Criminal History Record Inquiry (CHRI) and other sensitive information unless both sending and receiving machine are protected from access by unauthorized personnel.

8510. Identification Cards

8510. Identification Cards [sarah.sanchez](#) Tue, 08/07/2018 - 20:18

1. Each CA employee who may be in travel status at any time, who makes home visits, who makes visits to facilities, or who may have access to confidential records, either internal or external, shall obtain an official department identification card with the employee's photograph.
2. The identification card, DSHS 03-046 DOL (X)(8/50), shall be completed by administrative support staff, shall be signed by the Appointing Authority, and the employee will make an appointment with the local licensing center of the Department of Licensing to have their photograph taken and attached to the card or follow regional procedures.

8600. Employee Safety

8600. Employee Safety [sarah.sanchez](#) Tue, 08/07/2018 - 20:19

Preventing causes of accidents and reducing the impact of on-the-job injuries is a combined responsibility of managers (administrators, managers), supervisors and staff (employees and volunteers). Working together, managers, supervisors and staff will make efforts to maintain a safe working environment.

8610. Safety Committees

8610. Safety Committees [sarah.sanchez](#) Tue, 08/07/2018 - 20:19

Each office will establish a safety program consistent with the requirements of the department's Safety Program Manual and tailored to the office's unique environment and needs.

1. The manager of each office is required to establish and operate a safety committee for that office which is to meet regularly. The membership is to include equal representation of employer-selected and employee-selected representatives in accordance with the Washington Industrial Safety and Health Act (WISHA) <http://www.lni.wa.gov/safety/topics/atoz/about/default.asp>. The manager will make clear to the employees and their supervisors the expectations for participation. Sufficient time off from regular duties will be authorized to facilitate employee participation. The agenda for these meetings will include, but not be limited to, the following:
 1. Monitoring and discussing safety inspections and investigations of job sites, materials, and equipment alleged to be unsafe.
 2. Discussing appropriate operating procedures relative to maintaining a safe work environment including, but not limited to, fire, earthquake, bomb threat and client threat.
 3. Monitoring of formal training to ensure safety awareness and skill improvement, as well as on-the-job instructions prior to the assignment of duties in areas of higher accident risk.
 4. Reviewing all reports of accidents and illnesses that occurred since the previous meeting.
 5. Safety committee meeting minutes will be posted on the office safety bulletin board.
2. The manager may obtain a waiver from authorizing regular safety committee meetings if justified by office size and/or safety record. Waivers may be obtained from Safety and Health Claims Management, Loss Prevention and Risk Management, P. O. Box 45882, Olympia, WA 98504 or Mail Stop: 45882.

8611. Agency Responsibility

8611. Agency Responsibility [sarah.sanchez](#) Tue, 08/07/2018 - 20:19

In a threatening situation, staff safety and well-being are primary. The agency will provide:

1. Awareness of job-related safety precautions and the importance of attitude and professionalism as it relates to personal safety.
2. Annual training on work-related and personal self-protection skills.
3. Guidelines for worker safety posted on the Intranet.
4. Cell phones for workers to check out when going into the field.
5. A check in/out procedure for staff when conducting field visits.
6. Tracking and reporting in the aggregate the number and nature of incidents using the Administrative Incident Reporting System (AIRS).
7. Debriefing and support for staff as follow-up to trauma suffered as a result of serious incidents when safety has been jeopardized, such as a personal threat or an assault.
8. Support for staff to request law enforcement assistance when using court orders to remove children from their families, regardless of known risk factors.

8612. Personal Safety During Client Contact

8612. Personal Safety During Client Contact [sarah.sanchez](#) Tue, 08/07/2018 - 20:20

Within the scope of their job duties, CA employees and volunteers will take precautions to prevent or avoid dangerous situations and property damage.

1. Initial Personal Safety Risk Assessment
 1. Before making client contact, staff will make ongoing assessments of situations based on the nature of the allegation(s) or changing case characteristics and risk factors. The following are issues for social workers and supervisors to consider before making field visits:
 1. Are firearms or other weapons noted in the referral or record?

2. Is there a previous history of domestic violence or other violent behavior towards others (this includes adults and youth)?
 3. Is there a history of criminal activity, mental illness, substance abuse, and ritualistic abuse or cult practices?
 4. Is the family's geographic location isolated or dangerous and is there cell phone coverage in that location?
 5. Is the contact scheduled after normal working hours?
 6. Are there aggressive animals on or near the premises?
 7. Is there a "danger to worker" notification screen on the referral?
 8. Is there lack of available information?
2. If the initial assessment reveals possible risk to the staff person, the following could be considered as part of a safety plan:
1. Call upon law enforcement and/or another staff person for accompaniment.
 2. Carry a cell phone.
 3. Use a state car rather than personal vehicle (or visa versa).
 4. Carry personal safety equipment, such as a whistle or personal alarm.
 5. Conduct a criminal history check before making contact.
 6. Consult with other informal sources, such as local law enforcement, previous social workers, collateral contacts, coworkers or colleagues from other agencies.
2. Maintaining Safety
1. Be aware of your surroundings and identify potential safety risks.
 2. Do not allow a client to get between you and the door.
 3. If you feel unsafe, end the visit and seek assistance. Leave immediately.
3. After an Incident
- In spite of precautions, threats and other incidents may occur. Staff will immediately notify his/her supervisor, another supervisor in the office, or other person in the chain of command following an incident, such as assault, a threat of serious harm to staff and/or family members or property damage. The manager and/or supervisor or designee will:
1. Provide the opportunity to debrief and offer counseling for staff involved in incidents.
 2. When warranted, report to law enforcement and request restraining orders for individuals and/or offices.
 3. Report the incident to the chain of command and make a report in the Administrative Incident Reporting System (AIRS). Give the staff involved in the incident the opportunity to provide information so that all necessary details are included in the report. Provide a copy of the report to the Safety Committee representative.
 4. Note the circumstances in the SER and update the "danger to worker" person screen.
4. Methamphetamine Labs
1. Any staff who suspects he/she has entered an area where methamphetamine is manufactured will exit the residence and the property immediately and call 911 to request law enforcement response to address the safety of the children.
 2. Any staff person suspected of methamphetamine exposure should consult with his/her personal physician within two hours of exposure.

8700. Disaster Response

8700. Disaster Response [sarah.sanchez](#) Tue, 08/07/2018 - 20:21

8710. Purpose and Scope

8710. Purpose and Scope [sarah.sanchez](#) Tue, 08/07/2018 - 20:21

1. Disaster response, preparedness, and recovery plans are the responsibility of all supervisors and management staff.
2. Each office identifies how the operations of the office will return to full service following a disaster and who in the organization is responsible for each of the steps.
3. Each office is responsible to train their staff in emergency and disaster recovery procedures.

8720. Standards

8720. Standards [sarah.sanchez](#) Tue, 08/07/2018 - 20:21

8721. Planning for Disaster Recovery

8721. Planning for Disaster Recovery [sarah.sanchez](#) Tue, 08/07/2018 - 20:21

1. Expectations
 1. In the event of a disaster, CA will ensure that essential records are protected, stored, and retrievable in accordance with its Essential Records Plan.
 2. Offices will initiate procedures to ensure worker and client safety, minimize damage to equipment and files, and restore critical functions for service delivery within seven working days. Basic levels of services are to resume at the earliest possible time.
2. There are three levels of disaster:
 1. Water damage, contaminant damage (food, dust, etc.) to equipment or to a workstation or area that renders it unusable.
 2. HVAC system outages, computer, phone and power outages.
 3. Bombing, terrorism, violence, toxic fumes, and the like that render the facility unusable; fire, earthquake, flooding, and other natural disasters that leave the facility unusable; or death or severe injury that would incapacitate a work group.

8722. Operations

8722. Operations [sarah.sanchez](#) Tue, 08/07/2018 - 20:22

1. Operations essential to CA are the work site, telecommunications, and social service programs. Within 24 hours basic services are to begin. The designated staff for the operational recovery will identify media sources, which can be used to keep the public, notified of CA operational recovery.
2. Director of Management Services, DCFS Regional Administrator, and DLR Regional Manager Responsibilities:
 1. Prepare an emergency mission statement with implementation procedures.
 2. Prepare regulations and announcements for immediate issuance in the event of an emergency to enable the office to carry out its operational mission.
 3. Designate an Operational Coordinator for each work site.
 4. Approve the Operational Coordinator's selection of necessary steps to resume normal operations following an emergency.
 5. Provide adequate resources to support the recovery of CA office operations in the most cost-effective manner.
3. Local Operational Coordinator's Responsibilities:
4. Identify and select work site, telecommunication methods, and the recovery of social services programs that are necessary to carry out:
 1. Emergency mission, and

2. Resume normal operations following an emergency.
5. Submit a listing of selected work site, telecommunications, and social services program implementation to the Director, Regional Administrator, or Regional Manager, as applicable, for approval.
6. Yearly, review the Operational Recovery Schedule. If needed, update and get the required approval.

8723. Essential Records

8723. Essential Records [sarah.sanchez](#) Tue, 08/07/2018 - 20:23

1. Records essential to CA are a combination of paper and electronic files. Client records and payments processed through FamLink are in electronic files with criminal history background checks, court reports, and other client reports from outside sources in paper form. The journal voucher, vendor payments, personnel attendance, and payroll, Agency Inventory System (AIS), numeric registers, contract, administrator's accounts, regional financial reports, and position action requests are recorded in electronic files with paper authorization forms/back-up.
2. Responsibilities of each Division Director, Regional Administrator, and Regional Manager include:
 1. Preparation of an emergency mission statement with implementation procedures.
 2. Preparation of regulations and announcements to issue immediately in the event of an emergency to enable the office to carry out its emergency mission.
 3. Approval of the Records Coordinator's selection of essential records necessary to carry out or resume normal operations following an emergency.
 4. Provision of adequate resources to support the protection of selected essential records in the most cost-effective manner.
3. Local Office Records Coordinator's responsibilities include:
 1. Identification and selection of essential records for the office that are necessary to carry out:
 1. Emergency mission, and
 2. Resume normal operations following an emergency.
 2. Submission of a listing of selected essential records to the Division Director, Regional Administrator, or Regional Manager for approval. When it is approved, forward the list to the DSHS Records Officer, Forms & Records Management, MS 45805.
 3. Yearly review of the Essential Records Schedule. If needed, update, obtain required approval, and forward as shown above in 3.B.

8724. LAN/WAN Recovery

8724. LAN/WAN Recovery [sarah.sanchez](#) Tue, 08/07/2018 - 20:24

1. Identify essential Local Area Network (LAN)/Wide Area Network (WAN) operations for operation of program and administration. The designated staff for the LAN/WAN recovery will identify software and alternate system access.
2. Office of Information Services Manager responsibilities include:
 1. Preparation of a technology emergency mission statement with implementation procedures.
 2. Preparation of regulations and announcements to issue immediately in the event of an emergency to enable the Administration and each office to carry out its mission.
 3. Approval of the LAN/WAN Coordinator's selection of system recovery necessary to carry out or resume normal operations following an emergency.
 4. Provision of adequate resources to support the recovery of CA office system technology in the most cost-effective manner.
3. Local LAN/WAN Coordinator's responsibilities include:
 1. Identification and selection of facility based and alternative computer systems to carry out:

1. Emergency mission, and
2. Resume normal operations following an emergency.
2. Submission of a listing of selected LAN/WAN software/system(s) essential to recovery operations to the Regional Administrator or the Regional Manager, as applicable, for approval. Submission of the final approved LAN/WAN software/system(s) recovery to the Office of Information Services Manager, MS: 45710
3. Yearly review of the LAN/WAN Recovery plan. If needed, update, obtain required approval, and forward as shown above in 3.B.

8900. Opposing Testimony

8900. Opposing Testimony [sarah.sanchez](#) Tue, 08/07/2018 - 20:24

8910. Purpose and Scope

8910. Purpose and Scope [sarah.sanchez](#) Tue, 08/07/2018 - 20:25

1. This standard and procedure establishes guidelines for Children's Administration (CA) staff who may be called upon or wish to provide testimony or documentation opposing the department's official position in an administrative hearing or court action, usually as a result of an adverse action against a child care license or as part of a child or family case specific action.
2. This standard does not apply to cases brought by or against a department employee. The standard does not apply to nor limit employee participation in any role in other, non-licensing or non-case specific, actions, including employee disciplinary, Personnel Appeals Board, and court hearings or related actions.

8920. Standard and Procedure

8920. Standard and Procedure [sarah.sanchez](#) Tue, 08/07/2018 - 20:25

1. Division of Licensed Resources (DLR) adverse licensing action constitutes a decision by the department that the licensee is not suitable to care for children.
2. CA staff, including Division of Children and Family Services (DCFS) social workers, shall not knowingly take action that directly subverts or undermines the department's position in a licensing or other family or child case specific action.
3. If CA staff has information that is relevant to the licensing or other case specific determination in question, including contacts from opposing counsel, that staff will provide that information to the DLR licenser or other responsible CA employee, as applicable. When contacted by opposing counsel, the CA employee will also notify the assigned Assistant Attorney General (AAG).
4. CA staff will not knowingly share department documents related to the dispute with any licensee or other party who is the subject of the licensing or other department case specific action or with the licensee/party's attorney/agent/ advocate except as currently provided in public disclosure statutes and regulations. If CA staff receives a request for documents from the licensee/party or his/her attorney/ agent/advocate, the staff will immediately refer the request to his/her supervisor, the DLR licenser for licensing issues, and the AAG assigned to the licensing or other family or child specific case.
5. CA staff will not knowingly share confidential information with the licensee who is the subject of licensing action. CA staff will also not knowingly share confidential information with the opposing party to any other child or family case specific action. In addition, CA staff will not knowingly share confidential information with the licensee/party's attorney/agency/advocate.

1. "Confidential information" includes, but is not necessarily limited to, attorney/client communications; information pertaining to the department's strategy or decision-making in the licensing case or other matter under litigation; agency memoranda, e-mail, or other communication related to the case; and client (child or child's family) information.
6. If CA staff are contacted by a licensee who is the subject of licensing action or other party to a department-related child or family case-specific litigation, the licensee/party's attorney/ agent/advocate or by any person who has information regarding the licensing or other child or family specific case in dispute, that staff will immediately notify his/her supervisor, the DLR licensor or other involved CA staff, as applicable, and the AAG assigned to the case.
7. CA staff will not testify in support of a licensee who is the subject of licensing action or other party in opposition to the department unless subpoenaed to do so. CA staff will not provide any written letters of support for the opposing party on DSHS letterhead. The CA staff will specifically state that his/her testimony, whether by subpoena or not, or letter sets forth his/her personal opinion and is not the position of the department.
8. The department, in consultation with the assigned AAG, determines the department's position in any action. The assigned AAG represents the department and not any particular CA staff. If CA staff testifies in support of a licensee who is the subject of a licensing action or other party to a child or family specific action in opposition to the department's position, he/she may be cross-examined as a hostile witness by the AAG, who may attempt to discredit the employee's testimony.

9300. Vendor Warrant Replacement

9300. Vendor Warrant Replacement [sarah.sanchez](#) Tue, 08/07/2018 - 20:37

9500. Social Service Payments

9500. Social Service Payments [sarah.sanchez](#) Mon, 08/13/2018 - 23:41

9510. Definition of Overpayment

9510. Definition of Overpayment [sarah.sanchez](#) Mon, 08/13/2018 - 23:41

"Overpayment" means any money paid by the department for services or goods not rendered, delivered, or authorized or where the department paid too much for services or goods or services rendered, delivered, or authorized.

9520. Overpayment and Underpayment Identification and Recovery

9520. Overpayment and Underpayment Identification and Recovery [sarah.sanchez](#) Mon, 08/13/2018 - 23:45

1. Purpose and Scope
 1. These procedures establish guidelines for CA staff in the resolution of vendor or foster parent disputes regarding payments through an administrative hearing and pre-hearing process. It provides direction when staff determines that an overpayment to a vendor or foster parent exists, for staff participation in steps to recover the overpayment, and for staff participation in the

settlement of any overpayment disputes. The procedures also provide direction for pre-hearing efforts to mediate and resolve payment disputes prior to proceeding to hearing.

2. Contracted and non-contracted service providers, including foster parents, may seek dispute resolution through these procedures, under the Administrative Procedure Act and RCW 43.20B.675, with respect to overpayments. However, the following limitations apply:
 1. The right of vendors or foster parents to seek an administrative hearing to contest alleged overpayments applies only to overpayments for goods or services provided on or after July 1, 1998.
 2. These procedures do not create a right to a hearing where no dispute right previously existed except as provided in RCW 43.20B.675. These procedures and department policy limit disputes for foster family and child day care providers to:
 1. Alleged overpayments;
 2. Perceived failure of the department to pay for services actually provided under an agency service authorization; and
 3. Licensing actions taken under WAC 388-73-036 or WAC 388-155-090, as applicable.
 3. Adoptive parents who receive assistance through the Adoption Support Program are not vendors within the meaning of the law. They have hearing rights under other provisions of law and WAC. Accordingly, payment disputes involving the Adoption Support Program do not fall within the scope of these procedures.
3. Discovery or recovery of overpayments has no time limit. The department may identify and initiate recovery of overpayments without regard to the length of time that may have elapsed since the overpayment actually occurred or was discovered.
4. CA employees do not have authority to forgive or waive overpayments, nor to offset overpayments from future payments. All such authority rests with the Office of Financial Recovery (OFR). Designated CA staff may mediate a disputed payment with the vendor, but final approval for any negotiated proposed settlement rests with OFR.
5. Governmental entities, including Indian Tribes, with an Inter-local Agreement with the department do not have the right to an adjudicative hearing through the Office of Administrative Hearings (OAH). The dispute process described in the agreement between the entity and the department governs the resolution process.

2. Policy

1. RCW 43.20B.675 and DSHS Administrative Policy 10.02 provide that all vendors have the right to request an adjudicative proceeding if they have a bona fide dispute. Disputes involving rates set in rule or Washington Administrative Code (WAC) are not subject to resolution through an adjudicative hearing held by OAH. The responsible CA organizational unit must routinely offer a pre-hearing conference to all clients and vendors that request an administrative hearing.
2. The department and CA must, when undertaking activities relating to overpayment identification and recovery as well as adjudicative proceedings, comply with:
 1. DSHS Administrative Policy 7.02, Equal Access to Services for Individuals with Disabilities;
 2. DSHS Administrative Policy 7.20, Communication Access for Persons Who Are Deaf, Deaf/Blind, and Hard of Hearing; and
 3. DSHS Administrative Policy 7.21, Provision of Services to Limited English Proficient (LEP) Clients

3. Procedures

1. Regional and Headquarters Procedures:
 1. Each DCFS Regional Administrator, DLR Regional Manager, or division Director, as applicable, must establish procedures to provide for consistency in the handling of vendor/contractor disputes in accordance with the Children's Administration Pre-hearing Procedures. Procedures must include:

1. Methods to informally notify vendors of their right to request a formal adjudicative proceeding if they have a bona fide contract dispute and to provide all appellants with a copy of the CA written pre-hearing process. (OFR provides formal notification of overpayments.) The department limits adjudicative disputes for foster parents to those issues identified in paragraph 1.B., above;
 2. Pre-hearing/alternative dispute resolution that incorporates routine offers of a pre-hearing conference to all clients or vendors who have requested an administrative hearing;
 3. Identification of overpayments and steps to initiate recovery of amounts due to the department as a result of overpayments;
 4. Designation of staff to represent CA in behalf of the department in pre-hearing/alternative dispute resolution and administrative hearings for disputes resulting from activities or actions of the applicable organizational unit;
 5. Identification of staff to mediate overpayment and other disputes prior to a formal administrative hearing;
 6. A system to identify overpayments in a timely manner;
 7. A method to document that an overpayment has occurred;
 8. A method to notify the vendor/provider that an overpayment has occurred and to determine the vendor's agreement or disagreement with that determination; and
 9. Identification of staff assigned to review overpayments and to refer them to OFR for collection.
2. CA expects disputes to be resolved at the lowest possible level in the organization. Therefore, CA staff will handle disputes at the following organizational levels:
1. The DCFS Regional Administrator is responsible for the dispute resolution process for all payments authorized by local office social workers and all payments authorized under regionally managed contracts and service agreements. Regional DCFS staff will coordinate pre-hearing conferences, mediation activities, and administrative hearings for regionally-managed contracts.
 2. Assigned CA Division of Program and Policy Development or Office of Foster Care Licensing (OFCL) headquarters staff, as applicable, will handle pre-hearing conferences, mediation activities, and administrative hearings arising from headquarters-managed contracts and service agreements.
2. Determination of Existence of an Overpayment and Documentation of Referral
1. If any CA employee has reason to believe that the department has overpaid a contractor or vendor, that employee must contact the employee who authorized the payment and the authorizing employee's supervisor by written memo or e-mail.
 1. The CA employee identifying the overpayment must inform the authorizing employee and that employee's supervisor that the employee has reason to believe an overpayment has occurred and must provide the information that led the employee to that conclusion.
 2. If the authorizing employee identifies an overpayment, that employee must inform and provide supporting information to the supervisor.
 2. The authorizing employee, or other employee designated in DCFS or DLR regional procedures or CA headquarters procedures must contact the vendor/provider directly to inform the vendor/provider of the identified overpayment and the reason the payment constitutes an overpayment.
 1. This contact provides the CA employee and the vendor/provider an opportunity to identify any errors in the conclusion that an overpayment occurred and to enable the CA employee to discontinue overpayment procedures if CA incorrectly identified an overpayment.

1. This contact serves as an opportunity for CA to educate the vendor/provider in correct methods to complete invoices in order to prevent overpayments from recurring.
2. In addition, the CA employee can support the vendor/provider in continuing to offer services to CA and its clients.
2. If the vendor/provider is a foster parent who disagrees with CA determination of an overpayment, the CA employee informs the foster parent of the foster parent liaison program and provides the contact telephone number for the CA office's liaison.
3. If the CA employee, after contact with the vendor/ provider, continues to believe that an overpayment occurred, the authorizing worker or other employee designated by regional procedures informs the vendor/ provider that the employee will notify OFR of the overpayment. OFR will send an official notice of overpayment to the provider/vendor. This notice will include instructions for the vendor/provider to return the overpaid funds to the department and information on steps to dispute the overpayment.
3. The employee who originally authorized the payment gathers written documentation of the overpayment. This may include gathering payment records through the SPAYMENT procedure in FamLink.
4. The authorizing employee refers to the regional designee any overpayments, with supporting documentation. This information will include documentation of the vendor/ provider's agreement or disagreement with the determination of overpayment. The regional designee reviews the referral information to ensure that supporting documentation adequately supports the conclusion that an overpayment in the amount stated did occur.
3. Referral to the Office of Financial Recovery
 1. The applicable CA designee sends the completed SSPS Overpayment Notice, DSHS 18-398A, (dated 7/1998) along with the documentation of the overpayment, to OFR.
 2. OFR then issues formal notice of the overpayment by certified mail to, and tracks responses from, the vendor/provider. If the vendor/provider wants to formally dispute the overpayment, the vendor/provider must respond to OFR within 28 days of the notice of overpayment.
 3. If the vendor/provider does not dispute the overpayment, OFR establishes a schedule for repayment with the vendor/provider. In accordance with RCW 43.20B.695, interest will not accrue when the overpayment results from department error.
4. Disputed Department Actions
 1. OAH schedules a hearing when a vendor/provider requests a hearing. After a vendor/provider requests a hearing, the CA authorized staff person offers a pre-hearing conference. The pre-hearing conference may be a telephone call, a meeting, or a mediation session with a third party mediator.
 2. The responsible CA organizational unit must identify individuals authorized to mediate a disagreement between the department and the vendor/provider. Those persons designated to refer overpayments to OFR for collection may not serve in the role of mediator for overpayment disputes.
 3. If the CA authorized staff and the vendor/provider reach a settlement, the CA representative and the vendor/provider may execute a stipulated agreement in writing, signed by the parties. If the parties do not resolve the dispute, the formal hearing with OAH takes place as scheduled.
 4. For overpayments:
 1. If the vendor/contractor and the CA representative reach an agreement, before signing the agreement, the CA representative must contact OFR at (360) 664-

5557 to obtain verbal approval for the stipulated agreement if it forgives an identified overpayment.

2. If the OFR representative approves the agreement, the CA representative and the vendor/contractor representative sign the agreement, and the CA representative mails it to the OFR representative for signature. Once the OFR representative signs the agreement, it takes effect.
3. If the administrative hearing occurs, the CA employee who authorized the payment must participate in the administrative hearing. Regional or headquarters procedures, as applicable, determine if additional individuals will participate in the administrative hearing to represent the department.

9530. Repayment

9530. Repayment [sarah.sanchez](#) Mon, 08/13/2018 - 23:46

1. The vendor or client must send the repayment directly to OFR. If a CA office receives money that is to be applied to a vendor overpayment, assigned accounting staff in the office transmits the money to OFR on a Daily Funds Transmittal, DSHS 18-320(X).
2. Accounting staff indicates the nature of the overpayment in the comment section of the Daily Funds Transmittal.

9540. Unsolicited Payments

9540. Unsolicited Payments [sarah.sanchez](#) Mon, 08/13/2018 - 23:47

1. When OFR receives payments from vendors for whom it has not received an overpayment packet, OFR staff will send notification to the appropriate CA office.
2. If CA determines that the payment or any portion was submitted in error or that OFR applied funds incorrectly, responsible staff transmits this information to OFR in writing within 30 days. OFR will then initiate appropriate action.
3. If CA staff determines that the payment or any portion was a program donation, designated staff transmits this information to OFR, including the identity of the program to which the donation was made to enable OFR to credit the proper account.

9550. Interest on Vendor Debt

9550. Interest on Vendor Debt [sarah.sanchez](#) Mon, 08/13/2018 - 23:48

Interest on vendor debt is administered in accordance with DSHS Administrative Policy 10.02, Vendor or Provider Overpayment and Debt Policy.

9600. Accounts Receivable

9600. Accounts Receivable [sarah.sanchez](#) Mon, 08/13/2018 - 23:48

9610. Office of Financial Recovery Responsibility

9610. Office of Financial Recovery Responsibility [sarah.sanchez](#) Mon, 08/13/2018 - 23:49

1. Under DSHS Administrative Policy 4.02, OFR is delegated responsibility and authority for managing the department's Accounts Receivable in a manner outlined in Administrative Policy 12.04.
2. Each Regional Administrator/designee will determine the region's own policy on receipt of cash.

9800. Administrator's Accounts

9800. Administrator's Accounts [sarah.sanchez](#) Mon, 08/13/2018 - 23:50

9810. Purpose and Scope

9810. Purpose and Scope [sarah.sanchez](#) Mon, 08/13/2018 - 23:50

1. RCW 43.88.195 allows agencies to establish new accounts with the permission of the Office of Financial Management (OFM). Administrator's Accounts are expendable trusts that are local fund accounts available to provide instant assistance to eligible clients. Their sources of funds are usually donations and fund raisers.
2. Please Note: If funds are given for a specific purpose, moneys can only be dispensed for that specific purpose. Accounting records must be maintained so that moneys donated and spent for a specific purpose may be audited.

9820. Establishment of an Administrator's Account

9820. Establishment of an Administrator's Account [sarah.sanchez](#) Mon, 08/13/2018 - 23:52

1. CA local offices are to:
 1. Develop a statement of purpose for the account; for example, "The sole purpose of this account is to provide direct needs and opportunities for children and their families when no other resource is available."
 2. Stipulate the criteria for use, the amount available per request, and the process that will be developed to allow access to Administrator Account funds.
 3. Write a memo to the Regional Administrator requesting the establishment of an Administrator's Account. In the request, include the fund's purpose, criteria for use, and process for accessing funds. The Regional Administrator or designee will send a written request to the Chief, DSHS Office of Accounting Services, with a copy to the CA Director of Management Services. The written request must include the name of the bank, name and classification of individuals authorized to sign account checks, and the name and classification of the individual responsible for reconciling monthly bank statements with the office records.
2. Once the DSHS Office of Accounting Services has granted authority to establish the account, the local office identifies staff to be the:
 1. Accounts Receivable Coordinator;
 2. Committee or Person(s) to review/approve requests for funds;
 3. Disposition Person;
 4. Fund Trustee;
 5. Mail Person;
 6. Recording Person, and
 7. Reconciliation Person

9830. Separation of Duties

9830. Separation of Duties [sarah.sanchez](#) Wed, 08/15/2018 - 18:17

1. To the extent possible, the duties listed in section 9920(B) are to be separated.
2. If the duties cannot be separated due to a lack of staffing, a "Separation of Duties" waiver which includes compensating controls to show safeguard of the account must be on file in the regional office.
3. The waiver must be signed by the Fund Trustee, the trustee's supervisor, the second line supervisor, and the Regional Administrator.
4. Please note: Any cash or negotiable items received are to be deposited within 24 hours.

9840. Operation of Administrator's Account

9840. Operation of Administrator's Account [sarah.sanchez](#) Mon, 08/13/2018 - 23:53

The Regional Administrator, usually through the Regional Business Manager and/or the Clerical Supervisor, designates staff to carry out the duties outlined below.

9841. Mail Person

9841. Mail Person [sarah.sanchez](#) Mon, 08/13/2018 - 23:53

The Mail Person logs any cash or negotiable items in the Cash Items Mail Log, DSHS 19-48, and gives it to the Accounts Receivable Coordinator.

9842. Accounts Receivable Coordinator

9842. Accounts Receivable Coordinator [sarah.sanchez](#) Mon, 08/13/2018 - 23:54

The Accounts Receivable Coordinator:

1. Receives the Cash Items Mail Log and the cash/negotiable items from the mail person.
2. Verifies that the cash/negotiable items are shown on the Cash Items Mail Log and, after verification, dates and signs the mail log, retaining the pink copy.
3. Issues a pre-numbered and sequential receipt for all cash/negotiable items requiring a receipt. If the cash/negotiable items received are for a specific purpose, they are to be referred to as a restricted donation, with a note of the restriction on the receipt issued to the donor.
4. Prepares the disposition documents required for the disposal of cash and negotiable items. The disposition documents will include the bank deposit slip, the Cash Items Mail Log, and a copy of the receipt issued to the donor.
5. Secures all cash and negotiable items until transferred to the Disposition Clerk along with the disposition documents.

9843. Disposition Person

9843. Disposition Person [sarah.sanchez](#) Mon, 08/13/2018 - 23:55

The Disposition Person:

1. Verifies that the cash and/or negotiable received from the Accounts Receivable Coordinator equals the amount shown on the disposition documents. Completes the disposition entries on the various receipt and disposition documents. Signs and dates the disposition documents.
2. Secures the deposit until it can be taken to the bank. Gives bank- validated deposit slips along with the copies of the receipt and disposition documents to the recording person on the same day the deposit is made.
3. Receives approved disbursement authorizations from committee or person(s) responsible for reviewing and approving requests for funds.
4. Prepares check (in ink) and writes the check number on the Disbursement Authorization. Has the check signed by at least two people who are authorized on the bank account signature card.
5. Gives the completed Disbursement Authorizations to the Recording Person.

9844. Recording Person

9844. Recording Person [sarah.sanchez](#) Mon, 08/13/2018 - 23:55

The Recording Person:

1. Reconciles the daily cash receipts and bank validated deposit slips.
2. Records all deposits in the Cash Receipts Journal and Ledger Sheet.
3. Verifies the amounts of checks to disbursement authorizations and completes entries to the check register, Cash Disbursements Journal, and the Ledger Sheet. Secures signed checks until they are mailed or given to the appropriate person.

9845. Reconciliation Person

9845. Reconciliation Person [sarah.sanchez](#) Mon, 08/13/2018 - 23:56

The Reconciliation Person:

1. Upon receiving the Administrator's Account monthly bank statement, reconciles the statement to the Ledger Sheet and other journals. Completes the reconciliation on the back of the bank statement.
2. Prepares the Administrator's Account Monthly Activity Report and the Bank/Reconciliation Report. Gives them and the appropriate ledgers and journals, along with the bank statement, to the Fund Trustee for review.

9846. Review and Approval of Authorizations

9846. Review and Approval of Authorizations [sarah.sanchez](#) Mon, 08/13/2018 - 23:56

The committee or person(s) responsible for review and approval of Disbursement Authorizations approves, modifies, or denies the completed Disbursement Authorization based on the local office use-of-funds criteria and any restrictions that may have been placed on the funds by the donor.

9847. Fund Trustee

9847. Fund Trustee [sarah.sanchez](#) Mon, 08/13/2018 - 23:57

The Fund Trustee:

1. Oversees the management and accountability of the Administrator's Account.
2. Reconciles the accounting records to the trustee's records on a quarterly basis. If there are variances, the trustee researches and documents, corrects, or takes appropriate action. He/she prepares the Trustee's Reconciliation Report, DSHS 19-207, and signs and dates it.

9850. Accessing Administrator's Account Funds

9850. Accessing Administrator's Account Funds [sarah.sanchez](#) Mon, 08/13/2018 - 23:58

1. A CA staff person submits a completed Request for Disbursement Authorization form to the committee or person(s) assigned by the Regional Administrator the duties of approving these requests.
2. The completed form includes the amount, case name, case number, and purpose of the requested funds. The form is signed and dated by the worker.

14500. Requesting a Notary

14500. Requesting a Notary [sarah.sanchez](#) Tue, 08/21/2018 - 18:39

1. Following are the steps to be taken by CA staff to become a notary through the Office of Risk Management's (ORM) Risk Management Services Section:
 1. The applicant completes an Application for Appointment or Reappointment as a Notary Public, #NP659-007 Notary Public App (R5/94), obtained from the Department of Licensing.
 2. Once the application is completed, the contact person sends a memorandum to ORM, P. O. Box 45844, MS 45844, Olympia, WA 98504-5844. The following elements are included in the memorandum:
 1. Whether it is an original or renewal application.
 2. Name of the employee.
 3. Notary stamp delivery address.
 4. Contact person: name, address, and telephone number.
 5. Funding code.
 6. Whether or not applicant wants a notary stamp.
 3. Once the applicant receives the certificate in the mail, and, if the applicant has requested the procurement of a notary stamp, the applicant gives a copy of the certificate to the contact person.
 4. The contact person faxes or mails a copy of the certificate to Kimura Insurance Agency, P. O. Box 3142, Seattle, WA 98114. Telephone number: (206) 323-4773; Fax number: (206) 324-7668.
 5. Kimura Insurance Agency will then send the stamp by United Parcel Service to the local or regional CA office's street address.
 6. If the applicant is renewing their notary, ORM needs to receive the renewal memorandum 45 days before the applicant's notary expires.
 7. Staff with questions may contact ORM at (360) 664-3249

Appendix A: Definitions

Appendix A: Definitions [sarah.sanchez](#) Tue, 08/21/2018 - 20:48

The following definitions apply to the Children's Administration (CA) *Operations Manual*.

"ACQUIRED IMMUNE DEFICIENCY SYNDROME" (AIDS) - a diagnosis given if an individual is infected with Human Immunodeficiency Virus (HIV) and has an AIDS defining condition or laboratory evidence of severely impaired immunity. These conditions in adults include pneumocystis carinii pneumonia (PCP), invasive cervical cancer, and tuberculosis. In children, symptomatic infection (Class P-2) might include PCP, bacterial infections, neurologic disease, or cytomegalovirus.

"AIR BORNE PATHOGENS" means pathogenic microorganism that can be present in air and can cause disease in humans. These pathogens include, but are not limited to, Tuberculosis (TB) Severe Acute Respiratory Syndrome (SARS), viruses (e.g. influenza), bacteria, and fungi.

"AUTHORIZING A PLACEMENT" is any situation where CA staff are called upon to make a recommendation about the suitability of a placement resource for a child.

"BLOOD BORNE PATHOGENS" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and HIV.

"CASE FILE MAKE-UP" - For Case File Make-up, the following definitions apply:

1. **Case Number:** A case number consists of a two-digit office number, a one-letter program code, a six-digit basic number, and a one-digit suffix number.
2. **Case Record:** The folder(s) containing forms and documents related to a person or family group of CA clients.
3. **Client:** Any person requesting or receiving services in a CA office.
4. **Master File Clearances:** The research of initial information received by intake is verified and updated/input. This consists of a statewide CAMIS search, ACES check, and birth certificate search.
5. **Basic Number:** The basic number is a six-digit number unique within a CA office. The basic number is assigned upon opening a case. The basic number immediately follows the program code.
6. **Suffix:** A suffix is a one-digit number used to distinguish between a family record and a child's placement record (dash record).

"CHILD CARE INSTITUTION" means a private child care institution, or a public child care institution that accommodates no more than 25 children, and is licensed by the state in which it is located or has been approved by the agency of the state or tribal licensing authority (with respect to child care institutions on or near Indian Reservations) responsible for licensing or approval of institutions of this type as meeting the standards established for such licensing. The definition does not include detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children who are determined to be delinquent. **45 CFR 1335.20**

"CHILD DAY CARE PAYMENTS" - The following definitions apply to the Child Day Care Payments Program.

In-home care is exempt from licensing.

An overpayment dispute arises when an individual disagrees with the overpayment determination. Clients, contracted vendors, and non-contracted vendors each have a different process for appealing the overpayment.

1. **"Approving Worker/Authorizing Worker"** means the approving worker is the representative of DSHS who establishes that the client is eligible to receive child care benefits. The authorizing worker is

the representative of DSHS who authorizes child care payment through the Social Service Payment System (SSPS). The approving worker is often the authorizing worker also.

2. **“Child”** is a person 12 years of age or younger. Special needs child care may be authorized for a child 19 years of age or younger.
3. **“Family”** means two or more persons related by blood, marriage, or adoption residing in the same household.
 1. Related adults residing together, other than spouses, are each considered a separate family. Unmarried parents living together are considered a family for purposes of determining income eligibility.
 2. A child living with legally non-responsible relatives, a minor living independently, and a child living under the care of unrelated persons are also considered one-person families.
 3. A school-age parent residing in her/his parent's home with her/his child is considered a separate family unit for purposes of determining family income for eligibility for the Teen Parent Child Care Program.
 4. Only members of the immediate family residing in the same household are included in family size.
 5. Only members of the immediate family currently residing in the same household are included in family size for the military family whose mother or father is on active duty overseas or out of state.
4. **“Gross Income”** is both earned and unearned income. Earned income includes wages, overtime, tips, etc. Unearned income includes TANF grants (children's only), Social Security, Supplemental Security Income (SSI), child support, pensions, etc.
5. **“In-Home Care”** means child care given by:
 1. A relative in the child's own home. **“Relative”** means a grandmother, grandfather, aunt, uncle, cousin, or an adult sibling who lives outside the family home. See definition of “Relative Care-Giver,” below. Or
 2. An unrelated person in the child's own home.
6. **“Out-Of-Home Care”** means child care provided outside the child's home, including licensed family child care homes and licensed child care centers. Agencies or programs exempt from licensing, which may include but are not limited to the military, public schools, and Tribal Nations, request that DSHS, through OCCP, certify them as meeting licensing standards. Exempt agencies or programs must be certified to be eligible to participate in a state child care subsidy program.
7. **“Overpayment,”** for child care payments, means:
 1. **Client Overpayment**
 1. Payment is greater than the client is eligible to receive; or
 2. Payment is made for in-home or relative child care (child care exempt from licensing) services not provided.
 2. **Vendor Overpayment**
 1. Payment made to the vendor for services not provided; or
 2. Payment made to the vendor exceeds the amount due. For example: The vendor's customary rate is less than the amount paid or the vendor billed in excess of the time the child attended, including the allowable absence days.
 3. **Disputes**
8. **“Relative Care Giver”** means a child care provider who is 18 years of age or older who provides child care services to children who are, by marriage, blood relationship, or court decree, the grandchild, niece, nephew, or first cousin of the provider. Authorizations for other degrees of relationship, including but not limited to great and great-great, are approved through an Exception to Policy (ETP).
 1. The department shall allow no payment for child care given by the following relatives: father, mother, brother, sister, stepfather, stepmother, stepbrother, or stepsister.
 2. The department does pay adult siblings living outside the family home. Authorizing workers may use their discretion to determine eligible degrees of relationship where the family's culture would define relative in a broader way.

9. “**Relative - Relative's Home Care**” means child care given by the child's relative in the relative's home. Relative-relative's home care is exempt from licensing. See the definition of “Relative Care Giver,” above.
10. “**COMPLAINANT**” means a CA client, foster parent, or other individual filing a complaint.

“**COMPLAINT**” means a formally expressed dissatisfaction about the application of a CA standard or procedure or about an action or failure to act by CA; it does not apply to an inquiry for information.

“**CONSULATE**” is a foreign governmental office with a designated official appointed to live in the host country, looking after that foreign country's citizen and business interests.

“**CONTAMINATED**” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

“**CRIMES RELATING TO DRUGS**” means a conviction of a crime to manufacture, deliver, or possession with intent to manufacture or deliver a controlled substance. **RCW 43.43.830(6)**

“**CRITICAL INCIDENT**” includes serious and emergent incidents as defined by DSHS Administrative Policy 9.01 and other incidents requiring reporting or review, including but not limited to:

- A. Serious injury or death of a child in a CA active case or a case that has been closed within the last 12 months.
- B. Serious injury or death of a child in a Division of Licensed Resource (DLR) licensed facility.
- C. A case alleging client abuse or client neglect by a CA employee, volunteer, licensee, contractor, or another client.
- D. Conditions which present a substantial threat to CA operations or client safety, such as: a) work-related physical assault, serious injury, or death of a CA employee in the line of regular work activity; b) threat of physical violence to an employee or co-worker; c) bomb threat, hostage situation, break-in or burglary; or property damage.
- E. Vehicle accidents involving CA staff, foster parents, or child day care providers with clients when there is an injury or death.
- F. Runaway of child in CA care when there is serious threat to the child or community.
- G. Any other unusual event or situation of special concern to CA or that may elicit a request for information from the news media, families, or community.

“**EXPOSURE**” means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

“**FOREIGN NATIONAL**” is anyone in the boundaries of the United States who is not a citizen of the United States.

“**FOSTER PARENT LIABILITY PLAN**” - for the plan, the following definitions apply:

- A. **Bodily Injury** - Tangible physical injury to the body of any third party person for which the foster parent is or may be held legally liable, sustained as the result of an action(s) of their foster/respite care child(ren). Does not include sickness, disease, death, shock, mental anguish, mental injury, humiliation, or other such conditions.

B. Claim - A written demand for payment pursuant to the terms of the Liability Plan. To be considered a claim the demand must be:

1. On the appropriate form;
2. Received by their social worker within 30 days of notice of property damage or personal/bodily injury; and
3. Received by ORM within 90 days of notice of property damage or personal/bodily injury.

C. Depreciated Value - That value established from the lost or damaged asset cost using an accepted function of depreciation method such as straight-line, units of production, double declining balance, or summary of the year digits.

D. Foster Child - A child who is within the care, custody, and supervision of DSHS and who has been placed in foster care by DSHS or DSHS-approved child placing agency.

E. Foster Parent - A person licensed by DSHS to provide care on a 24-hour-a-day basis to one or more assigned foster children in the foster parent residence.

F. Foster Parent Household Members - Any spouse, minor child(ren), or dependent member of the foster parent who is a permanent resident of the foster parent home. For purposes of the Plan, household members do **not** include other foster children.

G. Gross Negligence - The intentional failure to perform a manifest duty in reckless disregard of the consequences as affecting the life or property of another.

H. Guardian Ad Litem- A special guardian appointed by the court to represent the best interests of the minor child.

I. Legal Guardian - Person(s) lawfully invested with the power, and charged with the duty, of taking care of the person and managing the property and rights of a minor child (or one who is considered incapable of administering their own affairs).

J. Occurrence - A tangible identifiable incident, or series of incidents occurring in a manner so as to be deemed a single occurrence, that results in personal/bodily injury, or property damage, to any third party, that was intentionally, negligently, or otherwise caused by the foster parent or their foster/respite care child(ren).

K. Owned Aircraft - Serviceable/operable aircraft, including permanently attached devices/equipment and mechanical controls, owned/rented/leased by a third party or foster parent for their private or business use.

L. Owned Motor Vehicle - Serviceable/operable automobiles, trailers when attached to power units, and motor vehicles of any kind, including permanently attached devices/equipment and mechanical controls, owned/rented/leased by a third party or foster parent for their private or business use.

M. Owned Watercraft - Serviceable/operable powered or non-powered water craft, including permanently attached devices/ equipment and mechanical controls, owned/rented/leased by a third party or foster parent for their private or business use.

N. Personal Injury - Any injury which is an invasion of personal rights which may include such injuries to the person as libel or slander, criminal conversation, malicious prosecution, false imprisonment, and mental suffering.

O. Premises - The owned/rented/leased/occupied residential dwelling of the foster parent, including the structures attached to the residence, the surrounding land on which the residence is located, and structures located on the surrounding land, such as garages, sheds, or appurtenant structures.

P. Property Damage - Physical damage or loss to tangible property of a third party caused by the action(s) of a foster/respite care child(ren) for which the foster parent is or may be held legally liable.

Q. Respite Care - The temporary provision of care by foster parents for the maintenance, health, and safety of any eligible foster child.

R. Third Party - Any person other than the foster parent or foster parent household members as defined in this Liability Plan.

“FOSTER PARENT REIMBURSEMENT PLAN” - As used in the Reimbursement Plan, the following definitions apply:

1. **Claim** - A written demand made by a foster parent for reimbursement available pursuant to the Plan for property damages, losses, and emergency medical treatment costs incurred because of an act of their foster/respite care child(ren). Payments made under the Plan are made directly to the foster parent, including claims filed by the foster parent on behalf of their household members. The *Foster Parent Reimbursement Plan Claim* form, DSHS 18-400(X), must be used by foster parents to file claims under the Plan. Written correspondence or telephone conversations between the foster parent and DSHS employees does not constitute a valid claim.
2. **DDD Child** - A developmentally disabled child, not a foster child, who requires extraordinary care.
3. **DDD Respite Care** - For DDD participation in the Plan: The temporary provision of care by licensed foster parents for a developmentally disabled child who is not a foster child and who requires extraordinary care. This short-term care in the foster parent's home is approved/authorized by DDD Case Management Services to provide out-of-home relief to the parents of the child.
4. **Depreciated Value** - The dollar amount determined to be the worth or value of an item at the time of a property damage or loss occurrence because of wear and tear, its age, or other causes applied, based on accepted depreciation methodology.
5. **Emergency Medical Treatment Expenses** - Costs which the foster parent or household member incurred from receiving emergency medical treatment because of a personal bodily injury sustained as a result of an action of their foster/respite care child(ren). Emergency medical treatment is defined as treatment necessary to sustain life or prevent further injury which is provided immediately following an injury occurrence. It does not include follow-up medical treatment expenses.
6. **Foster Child** - A child who is under the care, custody, and supervision of DSHS and who has been placed in foster care by DSHS or a DSHS-approved child placing agency.
7. **Foster Parent** - A person licensed to provide for the care and supervision of foster/respite care children in their foster family home.
8. **Foster Parent Household Member** - Any spouse, minor child, or dependent relative of the foster parent who is a permanent resident of the foster parent home. For purposes of the Plan, a property damage, loss, or personal injury sustained by a household member is considered a foster parent damage, loss, or injury. Foster parents file claims on behalf of their household members. Household members do not include foster/respite care children in the foster parent home.
9. **I. Occurrence** - A tangible, identifiable incident which results in a personal bodily injury, property loss, or property damage; or a series of incidents occurring in such a manner as to be deemed a single damage occurrence to a property item, sustained by a foster parent or household member caused by their foster/respite care child(ren).
10. **Owned Aircraft/Watercraft** - Serviceable/operable aircraft, or powered or non-powered water craft, including permanently attached devices/equipment and mechanical controls, which are owned, rented, or leased by the foster parent for their private or business use.

11. **Owned Motor Vehicle** - Serviceable/operable automobiles, and trailers when attached to power units, and motor vehicles of any kind, including permanently attached devices/equipment and mechanical controls, which are owned, rented, or leased by the foster parent for their private or business use.
12. **Personal Bodily Injury** - Tangible physical injury to the body of a foster parent or their household member sustained as the result of an action of their foster/respice care child(ren).
13. **Property Damage/Loss** - Physical damage or loss of tangible property belonging to the foster parent or their household member caused by their foster/respice care child(ren).
14. **Residence** - The occupied dwelling of the foster parent (owned, rented, or leased) including attached structures, and the surrounding land and structures located on the premises such as garages, green houses, and sheds.
15. **Third Party** - Any person other than the foster parent or their household member.
16. **"HEPATITIS B VIRUS"** (HBV) - a virus spread by exposure to blood, semen, vaginal secretions, and, rarely, breast milk of an HBV infected individual. It can cause inflammation and damage to the liver, occasionally leading to chronic illness and death.

"HUMAN IMMUNODEFICIENCY VIRUS" (HIV) - the virus that causes AIDS. HIV is spread by exposure to blood, semen, vaginal secretions, and, rarely, breast milk of an HIV infected individual.

"U.S. CITIZENSHIP AND IMMIGRATION SERVICE" (USCIS) is the federal agency responsible for all policies and procedures related to the presence of foreign nationals in the United States. The USCIS is the agency with authority to determine an individual's immigration status.

"INTERPRETER" is a person who speaks English and another language fluently. An interpreter enables clients and staff to communicate with each other.

"LAWFULLY ADMITTED ALIEN" is anyone admitted for permanent or temporary visitation or residence who has not been granted citizenship.

"LEP CASE" is a family unit wherein any person requests services in a language other than English.

"LEP FAMILY UNIT" consists of parent(s), children, other significant household members, or extended family being provided services.

"LICENSED HEALTHCARE PROFESSIONAL" is a person whose legally permitted scope of practice allows him or her to independently perform the activities required for post-exposure evaluation and follow-up, such as physicians and dentists.

"LIMITED ENGLISH PROFICIENCY" (LEP) includes individuals who are unable to speak, read, and/or write English well enough to communicate effectively.

"LIMITED ENGLISH SPEAKING" (LES) are those individuals whose primary language is not English and who are not sufficiently fluent in English to convey and receive effectively the information needed to apply for and benefit fully from Children's Administration services. LEP and LES are frequently used interchangeably.

"MAIL" - Definitions relating to office mail include:

1. **Business Reply (BR) Mail:** A service by which Children's Administration offices provide clients and other individuals with specially printed envelopes which allow people to send mail postage free to DSHS organizations.
2. **Business Reply (BR) Account:** The account each Children's Administration office has with the local post office to pay postage on items mailed to Children's Administration in the Business Reply envelopes.

3. **Cash Items:** For purposes of this chapter, cash items include currency, endorsed warrants, personal or cashier's checks, and commercial, bank, or postal money orders.
4. **Classes of Mail:**
 1. **First Class Mail** - Consists of material weighing 12 ounces or less. First Class mail may not be opened for postal inspection.
 2. **Priority Mail** - Consists of First Class mail weighing more than 12 ounces. Maximum weight is 70 pounds and maximum size is 100 inches in length/girth combined.
 1. **Certified Mail** - Consists of First Class or Priority mail of no intrinsic value and provides the sender with proof of posting. A record of delivery is maintained at the addressee's Post Office. The charge for Certified mail is in addition to the First Class or Priority mail charge. Certified mail does not insure the item against loss or damage.
 2. The following services are available for additional fees and provide the sender with a return receipt:
 1. Show To Whom and Date Delivered - Provides the sender with this information.
 2. Restricted Delivery - Mail will only be delivered to the addressee or the representative named in writing and on file at the Post Office.
 3. Show To Whom, Date, and Address of Delivery - Provides the sender with this information
5. **Confidential Mail:** Marked as "confidential" and is opened only by the addressee or that person's supervisor/designee.
6. **Incoming Mail:** For purposes of this chapter, incoming mail consists of any envelope or package delivered to the office or staff member.
7. **Mail Clerk:** For purposes of this chapter, an individual responsible for opening incoming mail, listing cash items in the Cash Items mail log, and/or preparing outgoing mail.
8. **Negotiable Items:** All items defined as "Cash Items" and "State Office (SO) Negotiables."
9. **Outgoing Mail:** For purposes of this chapter, outgoing mail consists of any envelope or package going from the office to another location.
10. **Postage Due Account:** The account a DCFS office has with the local Post Office to pay postage due for items mailed to that office with insufficient postage.
11. **Remote Meter Resetting System (RMSR) Meter:** The type of meter for the postage machine which allows the office to purchase additional postage for their meter by telephone/electronic means, on the day the postage is needed and without taking the meter to the Post Office.
12. **State Office Negotiables:** For purposes of this chapter, SO negotiables consist of the following items:
 1. **Warrants** - State of Washington checks issued to providers of services to clients (commonly called Vendor Warrants);
 2. **Medical Coupons** - A document issued by State Office, DSHS 6-28, or local offices, DSHS 13-030PC, and presented by eligible clients to pay for medical services.

“**MANAGEMENT TEAM**” includes, for CA, the Assistant Secretary, Division Directors, Office Chiefs, and Regional Administrators.

"**MUCOUS MEMBRANE**" is the moist layer of tissue that lines the mouth, eyes, nostrils, vagina, anus, or urethra.

“**ORIGINAL PLACEMENT DATE**” or “**ORIGINAL FOSTER CARE PLACEMENT**”, for the purposes of the Social Security Act and federal regulations, means the date of the child's most recent removal from the child's home and placement into foster care under the care and responsibility of the state agency. **45 CFR 1356.21(f)**

This definition applies both to children placed in foster care under a voluntary agreement and to those children under the state's responsibility through court order. Therefore, the original date of placement, for purposes of Title IV-E and section 427 of Title IV-B, would be when the child is in foster care and the state has been given

responsibility for care either through a voluntary placement agreement or a court adjudication. There is no requirement under either Title IV-B or IV-E that the state have legal custody. **PIQ 83-06**

"OTHER POTENTIALLY INFECTIOUS MATERIALS" means:

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
3. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

"PANEL REVIEW" means a review by a panel consisting of members appointed by a DCFS Regional Administrator.

"PARENTERAL" means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

"PERSONAL PROTECTIVE EQUIPMENT" is specialized clothing or equipment worn by an employee for protection against a hazard; e. g., latex gloves, protective eye wear, CPR 1-way valves, protective gowns/aprons.

"PRIMARY LANGUAGE" is that identified by the client as the language in which the client chooses to communicate.

"PROPHYLAXIS" is any substance or steps taken to prevent something from happening.

"PUBLIC RECORD," for the purpose of public disclosure, includes any writing containing information relating to the conduct of government or the performance of any governmental or proprietary function prepared, owned, used, or retained by any state or local agency regardless of physical form or characteristics. **RCW 42.17.020(29)**

"RECEPTION" - For the purposes of Reception, the following definitions apply:

1. **Client** - Any person requesting or receiving services in CA offices.
2. **Financial Service** - Any inquiry for financial, medical, and/or food stamp benefits will be referred to the appropriate Community Services Office (CSO). Exception: A request for medical coverage for a child receiving adoption support or foster care payment from another state is referred to a social worker.
3. **Limited English Proficiency (LEP)** - A person who speaks or reads little or no English.
4. **Sensory Impaired (SI)** - A person who has little or no sight and/or little or no hearing.
5. **Social Service** - A service provided by the agency to meet a client's need; e.g., foster home licensing, Child Protective Services (CPS), Child Welfare Services (CWS), Child Day Care financial support, adoptions, Family Reconciliation Services (FRS), licensing for private agencies.

"REGULATED WASTE" means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

"**SENSORY IMPAIRED**" means hard-of-hearing, deaf, partially sighted, or blind.

"**SEXUALLY TRANSMITTED DISEASE**" (STD) - a bacterial, viral, fungal, or parasitic disease or condition which is usually transmitted through sexual contact. A list of STDs appears in WAC 246.100.011(33).

"**SHARPS**" means any object that can penetrate the skin including, needles, broken glass, etc.

"**STANDARD PRECAUTIONS**- The term "Standard Precautions" (formerly referred to as Universal Precautions) refers to precautions that must be undertaken in any environment in which a person might be exposed to a communicable disease. According to OSHA (*U.S. Department of Labor Occupational Safety and Health Administration*), "this method of infection control requires employees to assume that *all* human blood and specified body fluids are infectious for HIV, HBV and other blood borne pathogens. Where differentiation of types of body fluids is difficult or impossible, *all* body fluids *are* to be considered as *potentially infectious*."

"**SUB-RECIPIENT**" means any person, governmental organization, or non-profit agency receiving qualified federal financial assistance from DSHS and to whom DSHS delegates the federal program policy and authorization responsibility.

"**TRANSLATOR**" is a person highly competent in reading and writing English and other languages.

"**UNDOCUMENTED INDIVIDUAL**" is anyone in the boundaries of the United States without a visa, work permit, alien status documentation (such as status granted by the Immigration Reform and Control Act) that grants temporary or extended visitation or residence.

"**UNIVERSAL PRECAUTIONS**" is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens. Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, or vomit unless they contain visible blood.

"**WRITING**," for purposes of public disclosure, means handwriting, typewriting, printing, photostating, photographing, and every other means of recording any form of communication or representation, including, but not limited to, letters, words, pictures, sounds, or symbols, or combination thereof, and all papers, maps, magnetic or paper tapes, photographic films and prints, motion picture, film or video recordings, magnetic or punched cards, discs, drums, diskettes, sound recordings, and other documents including existing data compilations from which information may be obtained or translated. **RCW 42.17.020**