

Department of Social and Health Services

Olympia, Washington

Social Services Manual

Revision # 76

Category / Incapacity Determination – Application and Interview Process

http://www.dshs.wa.gov/manuals/socialservices/sections/incap_B_determ.shtml

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Revision Author: Melissa Mathson

Division CSD

Phone (360) 725-4563

Email melissa.mathson@dshs.wa.gov

Summary : The application and interview chapter has been updated to reflect the medical evidence rules effective 5/1/2010.

WAC 388-448-0030

Effective ~~May 1, 2010~~⁰⁴

WAC 388-448-0030 What medical evidence do I need to provide?

You must provide medical evidence that clearly ~~explains~~ shows if you have an impairment and how that impairment prevents you from being capable of gainful employment. Medical evidence must be in writing and be clear, objective and complete.

1. Objective evidence for physical impairments means:

~~a. For physical impairment:~~

~~i.a.~~ Laboratory test results;

~~ii.b.~~ Pathology reports;

~~iii.c.~~ Radiology findings including results of X rays and computer imaging scans;

~~iv.d.~~ Clinical finding, including but not limited to ranges of joint motion, blood pressure,

temperature or pulse; and ~~observations from~~ documentation of a physical examination; or
~~v.e.~~ Hospital history and physical reports and admission and discharge summaries; or
~~vi.f.~~ Other medical history and physical reports related to your current impairments.

~~b.2.~~ For mental impairment Objective evidence for mental impairments means:

~~i.~~ Examination results including:

~~A.a.~~ Clinical interview observations, including objective mental status exam results and interpretation; ~~and~~

~~b.~~ Explanation of how examination findings meet the clinical and diagnostic criteria of the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

~~c.~~ Hospital, outpatient and other treatment records related to your current impairments.

~~B.~~ Testing results, if any, including:

~~ii.d.~~ Testing results, if any, including:

~~A.i.~~ Description and interpretation of tests of memory, concentration, cognition or intelligence; or

~~B.ii.~~ Interpretation of medical tests to identify or exclude a connection between the mental impairment and physical illness.

~~2.3.~~ ~~To be complete, M~~ medical evidence sufficient for an incapacity determination must be from a medical professional described in WAC 388-448-0020 and must include:

~~a.~~ A diagnosis for the impairment, or impairments, based on an examination performed within twelve months of application;

~~b.~~ A clear description of how the impairment relates to your ability to perform the work-related activities listed in WAC 388-448-0010 (5) ~~including signs and observations of drug or alcohol abuse and whether any limitations on ability to perform work-related activities would continue after sixty days of abstinence from use of drugs or alcohol;~~

~~b.c.~~ Documentation of how the impairment, or impairments, is currently limiting your ability to work based on an examination performed within the ninety days of the date of application or the forty-five days before the month of incapacity review; and

~~c.d.~~ Facts in addition to objective evidence to support the medical provider's opinion that you are unable to be gainfully employed, such as proof of hospitalization; ~~and~~

~~d.~~ ~~Based on an examination done within the ninety days of the date of application or the forty-five days prior to the month of incapacity review.~~

4. When making an incapacity decision, we do not use your report of symptoms as evidence unless objective evidence shows there is an impairment that could reasonably be expected to produce those symptoms.

5. We don't use symptoms related to substance abuse or a diagnosis of addiction or chemical dependency when determining incapacity.

6. We consider diagnoses that are independent of addiction or chemical dependency when determining incapacity.

- 3-7. We determine you have a diagnosis that is independent of addiction or chemical dependency if the impairment will persist at least ninety days after you stop using drugs or alcohol.
- 4-8. If you ~~cannot~~ can't get obtain medical evidence of an impairment that prevents you from working without cost to you and you meet the eligibility conditions other than incapacity in [WAC 388-400-0025](#), we pay the costs to obtain objective evidence based on our published payment limits and ~~designated~~ fee schedules.
9. We decide incapacity based solely on the objective information we receive. We are not obligated to accept a decision that you are incapacitated or unemployable made by another agency or person.
- 5-10. We can't use a statement from a medical professional to determine that you are incapacitated unless the statement is supported by objective medical evidence.

This is a reprint of the official rule as published by the [Office of the Code Reviser](#). If there are previous versions of this rule, they can be found using the [Legislative Search page](#).

WORKER RESPONSIBILITIES

- The provider's opinions must be based on objective medical information. Objective medical information typically includes:
 - Laboratory test results.
 - Radiology reports (x-rays and computer scans).
 - Clinical findings such as range of motion or mental status examination.
 - History and physical reports.
 - Admission and discharge summaries.
- Current medical evidence ~~is a report~~ and functional assessments must be based on an examination performed within 90 days of the date of application. Medical evidence more than 90 days old is acceptable when it is:
 - Intelligence testing scores from a Wechsler Adult Intelligence Scale (WAIS) administered after age 18.
 - A diagnosis of an impairment within 12 months, if the diagnosis is supported by current objective medical evidence of how the impairment is affecting the person's ability to function.
 - Medical evidence used by DDDS (Division of Disability Determination Services) to approve a NGMA (non-grant medical assistance) decision that is still in effect where the medical

information was obtained no longer than 12 months ago.

- For a person more than 50 years old, objective findings of a chronic, deteriorating condition based on an exam within the last 12 months.

3. **Obtain medical documentation from existing records before ordering any new evaluations.**

When existing records are not current or complete, authorize payment for an additional exam, diagnostic tests, or functional evaluation from acceptable sources of primary evidence. The client is responsible for providing medical evidence of incapacity.

- If there is no existing health provider, assist the person in obtaining medical documentation from a choice of providers when possible.
- If the person is very impaired, offer to make the appointment for the person and remind them of the appointment as needed.

4. Use DSHS 14-150 or 14-150a to obtain medical evidence.

5. Review all medical evidence for consistency among objective medical findings, severity ratings, functional capacity, and duration.

6. **The medical evidence must include diagnosis, prognosis, duration, and effect. ~~Diagnostic uncertainty in the form of a provisional diagnosis isn't acceptable when based solely on symptoms. Such "rule out (R/O)" diagnoses are only acceptable for initial decisions, not for reviews, and must be for an incapacitating condition. Incapacity (GA) can't be approved in order to obtain medical evidence of a potentially incapacitating condition.~~**

- **Diagnosis** is the identification of the nature of the disease based on objective observation of signs, symptoms and laboratory findings.
- **Prognosis** is a prediction of the probable development and outcome of a disease and the prospect of recovery from a disease.
- **Duration** is an estimate of the length of time the impairment is expected to remain at the current level.
- **Effect** is description of how an impairment interferes with a person's ability to function in work-related activities.

Note: Diagnostic uncertainty in the form of a provisional diagnosis is only acceptable for initial decisions, not for reviews, and must be for an incapacitating condition. Incapacity can't be approved in order to obtain medical evidence of a potentially incapacitating condition.

Example: Dan applied for benefits based on a claim of extreme fatigue. The provider's chart notes indicate Dan was counseled about advanced liver disease being the likely cause of the disease and that interferon treatment would be necessary if a biopsy confirmed the diagnosis. Since Dan's symptoms are consistent with the provisional diagnosis and Dan's symptoms of fatigue

will increase with the prescribe treatment, approve incapacity for 3 months.

Example: Margie states abdominal pain is keeping her from working. The provider's chart notes indicate a diagnosis of "abdominal pain" with a rule out diagnosis of irritable bowel syndrome (IBS). The doctor recommends Margie undergo an ultrasound and colonoscopy, but also states Margie is not restricted from work activities. Don't authorize additional testing and deny incapacity.

7. A medical report or evaluation must be signed and dated by the medical provider. Copies of chart notes do not require a signature.
8. Consult with the medical evidence provider when existing medical evidence is incomplete or inconclusive. If that does not provide sufficient information to proceed with the PEP, you may take the following actions:
 - a. Refer the person for another evaluation or consultation.
 - b. Refer to [reference sources](#).
 - c. Contact the Medical Consultant for assistance in interpreting test results or other findings if necessary.

NOTE:

Don't authorize reimbursement for a ~~report~~[report](#) that is inconsistent or does not contain objective medical evidence.

9. Use procedures in [Medical Evidence Reimbursements](#) and the [Social Service Payment System \(SSPS\) Manual](#) to pay for medical reports and evidence. Always use SSPS code 6220 to pay for medical services when you plan to refer the person for GAX and/or SSI facilitation.

MEDICAL CONSULTANT REFERRALS

Physicians employed as Medical Consultants by the Health & Recovery Services Administration (HRSA) are available to assist CSO Social Workers. The physicians are:

- [Dr. Sam Salama](#), (360) 725-1596
- [Dr. Eric Houghton](#), (360) 725-1586

These Medical Consultants assist by:

- Advising Social Workers and medical providers about suitability and payment for diagnostic procedures.
- Interpreting medical evidence, including putting medical terms into layman's language and explaining the results of laboratory tests.
- Communicating with local medical professionals to help them understand the program's medical evidence requirements.

Requests need to be as specific as possible. Use DSHS 13-537(X), Medical Consultant Referral, as a cover letter and send referrals to:

Health & Recovery Services Administration

Medical Consultants, Attention: Doris

Mail Stop: 45506

P.O. Box 45506

Olympia, WA 98504-5506

Fax: (360) 586-1471

DECISION OVERVIEW

1. When medical evidence is not received by the 40th day of application:
 - a. If the person has lost contact or has not followed through with the request to provide medical evidence, use DSHS 14 118(X), Incapacity Decision to deny incapacity, or
 - b. Notify financial services that medical evidence is delayed beyond the control of the department or the person.
 - c. Follow the Progressive Evaluation Process (PEP) as described in [Section C. - Progressive Evaluation Process](#). The **effective date of eligibility** is the date all medical evidence necessary to determine eligibility is received or the 45th day of application, whichever is earlier.
 - d. Use DSHS 14-118(X), Incapacity Decision to notify financial services of an incapacity approval or denial. Include the specific reason for denial and the relevant WAC reference on the form so that the person receives adequate notice of termination.

NOTE:

If you change the severity rating given by the provider and the result is a denial of benefits, you **must** explain this on the DSHS 14-118 so the client receives adequate information regarding the denial.

That is, you must state that you lowered the severity rating and your **clear and convincing reasons** for lowering the rating. You must fully document your clear and convincing reasons for

any change (lower or higher) to the severity rating given by the provider in ~~ICMS~~ ICMS.

5. At **every** approval and review, complete the DSHS 14-332(X) Disability Assessment to decide whether to:
 - Refer for Expedited Medicaid ~~(GAX)~~.
 - Provide SSI facilitation.
 - Use SSPS service code 6220 to pay for medical evidence.
6. If the Disability Assessment indicates (either the 14-332 or as part of PEP Step 8) an expedited Medicaid ~~GAX~~ and/or SSI facilitation referral is indicated, refer the person immediately after processing the decision.

NOTE:

If the person is not referred for GAX expedited Medicaid or SSI facilitation at the time of the initial approval, you should consider a referral at every review and at any time you obtain information indicating the person may be eligible for those programs and benefits.

7. ADATSA: Enter the appropriate ADATSA referral information in the ADATSA screen in ICMS. When you receive DSHS 14-311(X), Assessment Center Summary, from the assessment center you must use DSHS 14-118A(X), ADATSA Incapacity Decision, to notify financial services of the approval or denial of ADATSA services.

~~8. Clients who are determined eligible for GAU may receive chemical dependency treatment through Treatment Expansion following the Protocols for Treatment Expansion Clients.~~

REFERENCE RESOURCES

Along with medical dictionaries, the following references are needed when making incapacity determinations.

ONLINE REFERENCE SOURCES:

- [**Merck Manual of Diagnosis and Therapy**](#), published by Merck Research Laboratories. This is a standard medical reference.
- [**Dictionary of Occupational Titles**](#) (DOT), published by the [U.S. Department of Labor](#). This publication was last revised in 1991 and will not be updated. This two volume resource contains job listings and the strength and education needed to perform each job.
- [**O*NET**](#) replaces the DOT. The O*NET database file is available for free download from the [National O*NET Consortium](#). Both sites are accessible from links on [DOL/ETA O*NET](#).
- [**Disability Evaluation Under Social Security**](#), U.S. Department of Health and Human Services. Also known as "The Listings", this book describes Social Security Administration disability criteria.

PRINT REFERENCE SOURCES:

- [**Physicians' Current Procedural Terminology**](#), published by the American Medical Association. This book describes each of the CPT codes and standard medical practice for different levels of service.
- [**Diagnostic and Statistical Manual of Mental Disorders**](#), published by the American Psychiatric Association. This is the standard

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