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Social Services Manual

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**CATEGORY / INCAPACITY DETERMINATION – PROGRESSIVE
EVALUATION PROCESS (PEP)**

[HTTP://WWW.DSHS.WA.GOV/MANUALS/SOCIALSERVICES/SECTIONS
/INCAP_C_PEP.SHTM](http://www.dshs.wa.gov/manuals/socialservices/sections/incap_c_pep.shtm)

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

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INCAPACITY DETERMINATION - PROGRESSIVE EVALUATION PROCESS (PEP)

Revised ~~January 7~~ May 1, 2010

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WAC 388-448-0035
 Effective September 1, 2000

WAC 388-448-0035 How we assign severity ratings to your incapacity

1. "Severity rating" means a rating of the extent of your incapacity, and how severely it impacts your ability to perform the basic work activities. Severity ratings are assigned in Steps II through IV of the PEP. The following chart provides a description of levels of limitations on work activities and the severity ratings that would be assigned to each.

Effect on work activities	Severity rating
1. There is no effect on your performance of basic work-related activities.	1
2. There is no significant effect on your performance of basic work-related activities.	2
3. There are significant limits on your performance of at least one basic work-related activity.	3
4. There are very significant limits on your performance of at least one basic work-related activity.	4
5. You are unable to perform at least one basic work-related activity.	5

2. We use the severity rating given by the medical evidence provider:
 - a. If the rating is supported by and consistent with the medical evidence:

- b. If the provider’s assessment of your limitations is consistent with our definition of the rating; and
 - c. If the rating is consistent with other medical evidence provided to us.
3. If the medical evidence provider assigns a severity rating that is not consistent with the objective evidence and your symptoms from your impairment as described in the medical evidence, we take the following action:
- a. If your limitations are more severe than the rating given, we raise your severity rating; or
 - b. If your limitations are less severe than the rating given, we lower your severity rating; and
 - c. We give clear and convincing reasons for adjusting the rating.

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](#).

CLARIFYING INFORMATION

1. Use the following conversion scale to convert the degree of impairment to a numerical value for use in the PEP.

Degree of Impairment	Numerical Value
None	1
Mild	2
Moderate	3
Marked	4
Severe	5

2. When the provider does not give a severity rating:
 - a. Contact the provider and ask them to assign a severity rating or explain why they chose not to assign one;
 - b. When the provider chooses not to assign a severity rating, review the medical evidence. Use reference sources, facts present in the medical evidence, and your professional judgment to assign a severity rating that is consistent with the objective medical evidence and severity definitions in WAC 388-448-0035; and/or
 - c. Refer the case to a [Medical Consultant](#) for assistance with interpreting the medical information.
3. When the severity rating given by the provider is supported by the objective findings, accept the rating.
4. You may adjust the provider's ratings if you have **clear and convincing reasons** why the rating

should be adjusted (e.g. rating is not consistent with the objective medical evidence). If the adjusted rating results in the person having only one impairment with a severity rating less than three, deny incapacity at Step 1 (see below).

WAC 388-448-0040

Effective ~~September-May 1, 2000~~2010

WAC 388-448-0040 PEP Step I - Review of medical evidence required for eligibility determination

When we receive your medical evidence, we review it to see if it is ~~complete sufficient and~~ to decide whether your circumstances ~~match GAU program~~ meet incapacity requirements.

1. We require a written medical report to determine incapacity. The report must:
 - a. Contain sufficient information as described under [WAC 388-448-0030](#);
 - b. Be written by an authorized medical professional described in WAC 388-448-0020;
 - c. Document the existence of a potentially incapacitating condition; and
 - d. Indicate an impairment is expected to last ninety days or more from the application date.
2. If the information received ~~is not~~ isn't clear, we may require more information before we decide your ability to be gainfully employed. As examples, we may require you to get more medical tests or be examined by a medical specialist.
3. We deny incapacity ~~when~~ if:
 - a. There is only one impairment ~~with a and the~~ severity rating is less than three;
 - b. A reported impairment ~~is not~~ isn't expected to last ninety days (twelve weeks) or more from the date of application;
 - c. The only impairment supported by objective medical evidence is drug or alcohol addiction~~The practitioner is not able to determine that the physical or mental impairment would remain incapacitating after at least sixty days of abstinence from alcohol and drugs;~~
or
 - d. We ~~do not~~ don't have clear and objective medical evidence to approve incapacity.

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WORKER RESPONSIBILITIES

1. When it is clear that the effects on work activities are solely the result of alcohol or drug abuse/addiction, deny ~~incapacity~~ incapacity. ~~[WAC 388-448-0010 (4)]~~. When the available information is unclear as to what degree a person would be impaired without the effects of substance abuse or addiction, take the following actions:
 - a. Contact the provider to clarify whether the person has functional limitations due to mental or physical impairments and to clarify to what degree substance abuse may exacerbate these

conditions.

b. Continue with the PEP process when the person has a physical or mental health impairment that is not a diagnosis or symptomatic of substance abuse or addiction.

~~b.c.~~ The effects of substance abuse and addiction can't be used when determining severity or duration. The severity and duration assigned should reflect how the condition would impair the person if chemical abuse or addiction were not present.

d. Deny incapacity and refer the client for a chemical dependency assessment when the provider cannot determine that a physical or mental impairment would persist without the effects of substance abuse.

Example: Terry is diagnosed with hepatitis and is impaired by fatigue. The doctor's chart notes show that Terry was advised his fatigue would resolve in a few weeks if he stopped consuming alcohol. Terry's primary impairment is alcohol dependence. Deny incapacity and refer Terry for a chemical dependency assessment.

2. Diagnosis:

a. We may accept a diagnosis of an impairment from a provider's report or chart notes that are based on examination within 12 months prior to application.

b. We must have current medical evidence of how the impairment affects the person's functioning.

~~c.~~ Example: Michelle states during her intake interview that she was seen by an orthopedist 10 months ago for the same knee problem that is keeping her from working now. Request chart notes from the orthopedist and send the chart notes to the evaluator who will be assessing Michelle's current functioning.

2.3. Duration:

- a. If the provider's estimate of the duration of the impairment is consistent with the medical evidence provided, accept it.
- b. If the provider is unable to estimate duration, use reference sources and your professional judgment to assign duration.
- c. When the provider identifies a condition as *chronic*, you may consider the condition to meet the 90-day duration requirement even when qualified as *episodic* or in *remission* if this determination is consistent with the objective medical evidence.

EXAMPLE

Dale is diagnosed with chronic rapid-cycling bi-polar disorder. The most significant impairment on work activities is due to psychotic symptoms, which-according to his psychiatrist-are episodic in nature. Although not currently psychotic, he has had 3 major psychotic episodes within the last 2 months. He has not yet been stabilized on medication. Accept this as meeting the 90-day duration requirement.

EXAMPLE

Kim is diagnosed with chronic Crohn's disease, which affects her digestive system. Currently, there is no inflammation or pain associated with this disorder. It is not clear when the disease will flare up again. Her last episode was 4 months ago. Do not accept this as meeting the 90-day duration requirement.

4. "By history" means that a condition is reported by the person and that medical records ~~do not~~ support the diagnosis and suggests that the diagnosis ~~is not~~ currently active. Request more information from the provider to determine if the impairment currently has an effect on work activities before accepting it as objective medical evidence.
5. If it is clear the impairment will last less than 90 days, deny assistance for lack of duration.

Follow the medical evidence procedures in [Incapacity Determination Process](#). Deny incapacity if you are unable to obtain clear, current, objective medical evidence.