

Department of Social and Health Services

Olympia, Washington

## Social Service Manual

Revision # 94

**CATEGORY:** Disability Lifeline (DL) Treatment Requirements

[http://www.dshs.wa.gov/manuals/socialservices/sections/incap\\_E\\_treat.shtml](http://www.dshs.wa.gov/manuals/socialservices/sections/incap_E_treat.shtml)

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**Summary:** Added clarification limiting DL Medical and Mental Health Treatment Requirements to treatment activities specifically recommended by a treating or evaluating provider.

## DISABILITY LIFELINE CASE PLANNING - TREATMENT AND REFERRALS

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Revised September 14, 2010

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**Purpose:** Social workers are agents of change who empower our clients to improve their own lives.

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[WAC 388-448-0130](#)

Treatment and referral requirements

In order to assist our incapacity clients in their goal to return to employment or reduce their need for assistance, it is

important that we follow the basic principles of social work as well as the following:

- Be aware of and develop professional working relationships with local service agencies and treatment providers.
- Make sound incapacity decisions using clear, objective medical evidence, based upon program rules as described in Chapter 388-448 WAC.
- Require and monitor any treatment that will assist the incapacitated client to become employed or reduce the need for assistance.
- All social workers are required to use the Inclusive Case Management System (ICMS) as a case management and tracking tool. Use ICMS for all documentation and the generation of forms from the time of the initial application interview through the time the case is closed.

Be aware of accessibility issues and the need to provide [Equal Access](#).

WAC 388-448-0130

Effective July 1, 2010

### **WAC 388-448-0130 Treatment and referral requirements**

We refer you for medical treatment or to other agencies for services, rehabilitation or work activities when we decide medical treatment or services are available, and will improve your ability to become gainfully employed or reduce your need for disability lifeline benefits. "**Medical treatment**" means any medical, surgical, or mental health service, or any other treatment or service recommended by a medical or mental health provider.

1. When you are first approved and at each review determination, we give you written information regarding your medical treatment and agency referral requirements.
2. You must accept and follow through on required medical treatment and referrals to other agencies and services, unless you have good cause for not doing so. Good cause for medical treatment and referrals is defined in [WAC 388-448-0140](#).
3. You may request an administrative hearing if you disagree with the medical treatment or agency referral requirements we set for you (see [WAC 388-458-0040](#)).

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**

### **Identifying Requirements**

**NOTE:** Give the person an orientation or have a follow-up interview following incapacity approval as a best practice. Improve treatment results by hearing a person's concerns, identifying goals, and explaining program rules.

1. Gather information about the person's treatment concerns, employment and health goals, and social network. Explain the program benefits and expectations. This may be accomplished by:
  - a. A post-approval case management meeting.
  - b. A Disability Lifeline orientation.
  - c. Dedicating a portion of the intake interview to case management.
2. Determine what the person is able to do:
  - a. If the person has a short-term medical condition, it may be appropriate to only require the person to follow through medical appointments as determined by the person's medical provider.
  - b. If the person is able to participate in pre-employment activities, include referrals to vocational or rehabilitation services available in the community.
  - c. If the person appears to meet SSI disability criteria (citizen or SSA qualified alien), refer the person to the SSI facilitator.
  - d. Refer non-citizens for naturalization services.
  - e. Coordinate with the assigned Community Corrections Officer (CCO) to develop a case plan for offenders who have been granted a sentencing alternative for offenders with minor children. Persons an alternative sentence may only leave their home to participate in activities approved by their CCO.

**NOTE:** If a person has received or approved for 12 months or more of DL-U, the person must participate in pre-employment activities or you must clearly document why a client with chronic impairments doesn't meet disability criteria, can't participate in any activities, and what needs to happen before or when the person will become able to participate in pre-employment activities.

## CASE PLAN

1. Create a [DL Case Plan](#) for each person receiving DL. Send a copy to the person.
2. Help the person understand the participation and verification requirements.

3. List all the information the person needs to participate.
  - a. Give details in the plan. Include the "what, where, and when."
  - b. Describe the steps that are necessary to achieve self-sufficiency.
4. Verification strategies may vary, depending on the assessment.
  - a. Monitor regularly, but not necessarily every month.
  - b. Ensure progress is being made.
  - c. Engage the person in active participation.
5. Update the DL Case Plan when requirements change.

**NOTE:** DL medical and mental health treatment requirements are limited to activities specifically recommended by a treating or evaluating provider. Treatment requirements should also be limited to available services which are either within the scope of the client's specific DL medical coverage or which represent little or no cost to the client.

**NOTE:** It is a best practice to discuss a specific agency referral with the client in person, or by telephone, prior to sending a written notice of the referral.

## RESOURCES

1. Chemical dependency treatment is now a condition of eligibility for DL clients - See the [Alcohol and Substance Abuse](#) chapter for information, and the Disability Lifeline –Chemical Dependency Treatment chapter for chemical dependency assessment and treatment requirements.
2. See the [Naturalization](#) chapter for facilitation and naturalization services for non-citizens.
3. Refer to the [Division of Developmental Disabilities \(DDD\)](#) when medical evidence documents one of the following diagnoses began prior to age 18:
  - a. Mental retardation or severe cognitive impairment,
  - b. Cerebral palsy.
  - c. Epilepsy.
  - d. Autism.
4. See the [Division of Vocational Rehabilitation \(DVR\)](#) chapter for DVR information and referrals.
5. See the [Workforce Development Council](#) chapter for Employment Security vocational training.
6. [Tribal programs](#) are available in some areas and may include:
  - a. Medical services,
  - b. Chemical dependency treatment, and
  - c. Vocational training and employment services.
7. The [Veterans Administration \(VA\)](#) serves persons who were active in military service and honorably discharged. Services may include:
  - a. Disability benefits.
  - b. Mental health counseling.
  - c. Medical services.

- d. Chemical dependency treatment.
  - e. Vocational education.
8. Private and non-profit agencies may also provide services such as vocational education, housing assistance, and counseling. Look for these types of resources in your area. Some well known companies are:

- a. [Goodwill Industries.](#)
- b. [AARP.](#)
- c. [United Way.](#)
- d. [AmeriCorps.](#)
- e. [Salvation Army.](#)
- f. [St Vincent de Paul.](#)

### Transfer-In Cases

1. Review the case and decide if the DL Case Plan needs updating.
2. Provide your contact information with a new DL Case Plan even when there are no changes.

### Tracking Referrals

1. Tracking and verification strategies may vary, depending on the case plan and referral type.
  - a. Work with the individual's provider to determine how often you should monitor compliance with treatment referrals.
  - b. Monitor regularly, but not necessarily every month.
  - c. Be respectful of the service provider's time and preferences. Verification of cooperation with a provider can be obtained using the 14-478 treatment monitoring letter, email, or by telephone. Use the method the **provider** prefers.
  - d. Document all tracking and verification actions in ICMS.
  - e. Ensure progress is being made.
  - f. Engage the person in active participation by explaining the purpose of each referral, and contacting the person after the treatment or service has begun.

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## LINKS

- [Division of Vocational Rehabilitation](#)

- [Veterans Benefits Fact Sheets](#)