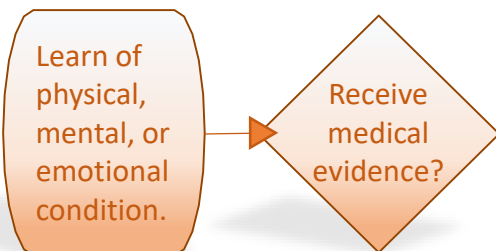


Medical Evidence Evaluations Basic Flow Chart

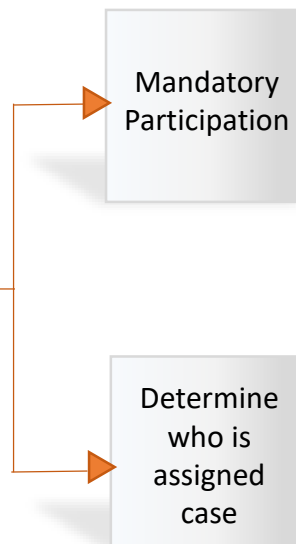
January 5, 2021 | CSD WorkFirst Policy

Updated 1/5/2021

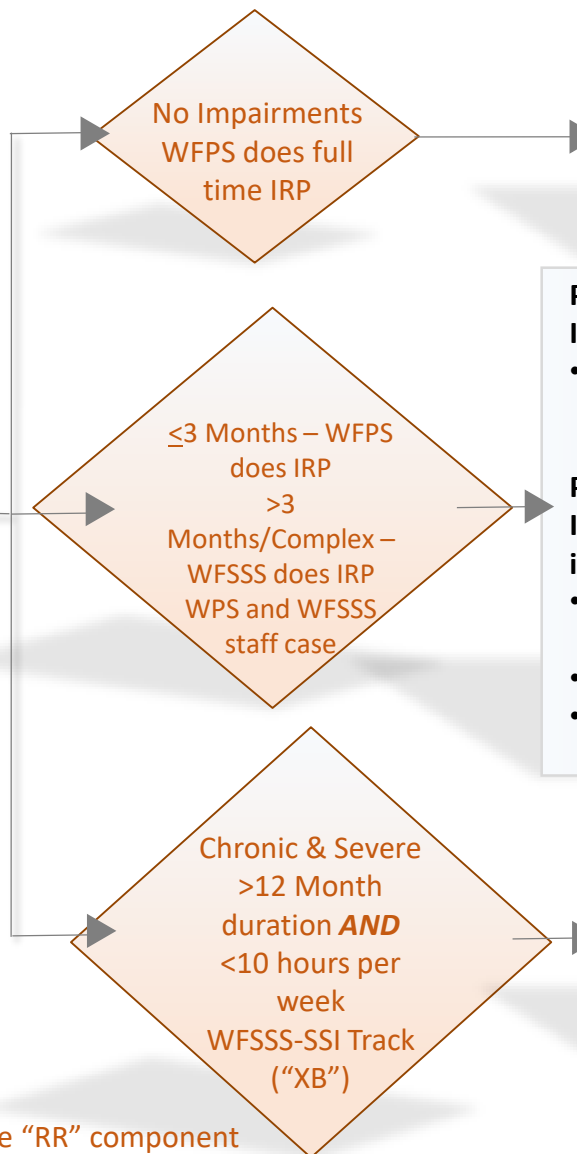
Step One



Step Two



- Evidence-Based Decisions to:
- Assign case
 - Set IRP requirements



- Participation Requirements in IRP (31+ hrs/week) may include:**
- Core
 - Non-core
 - Accommodations, as needed

- Participation Requirements in IRP (≤10 hrs/week) may include:**
- X component (treatment activity)
- Participation Requirements in IRP (11-20 hrs/week) may include:**
- X component (treatment activity)
 - Accommodations, as needed
 - Life Skills, Commerce activities, education/ training

- Participation Requirements in IRP may only include:**
- “XB” (SSI track)
 - X component (treatment activity)

Note: Use “RR” component code to refer to a WFSSS or SSIF.

- Gather Information:
- DSHS 14-012
 - WFHB section [6.6.5](#) “OR” IRP for medical evidence – 30 days
 - DSHS 10-353 if no evidence is available
 - Review existing chart notes
 - EA plan screening/update
 - Request objective medical evidence (OME), as found in WAC 388-449-0015

WorkFirst (WF) uses a two-step process to manage cases when parents report physical (XM) and/or mental/emotional (XG) conditions. Please see WorkFirst Handbook section [6.8.12](#) for the step-by-step guide for this process. See WFHB 6.8, Exemptions, for parents with chronic and severe conditions who move to the SSI track.

Step 1: Gather Medical Evidence

- Review existing medical evidence in the ECR.
- Ask the participant at first contact for evidence about physical, mental, or emotional conditions, including diagnosis and treatment.
- [Complete the 14-012 Consent form](#). Chemical Dependency (CD) providers must be listed on individual 14-012s, but all other providers can be listed together on one 14-012. Complete according to your knowledge of the providers you're requesting from.
- Partner with the parent to problem-solve obtaining a medical provider if needed.
- Assist the parent with scheduling the psych eval if appropriate.
- Use the "OR" component code for 30 days and create an IRP to obtain medical evidence that includes severity, duration, and treatment plan(s) for the condition(s).
- [Request medical evidence](#) from a licensed medical provider including a diagnosis, severity, hours of participation, and duration of conditions. Make sure to define the time frame for valid medical evidence.
- Use WF Support Services to [pay for medical evidence](#), as needed.
- Follow up: review ending components in eJAS to ensure medical evidence was received.
- Some parents may need extra time to schedule an appointment to generate medical evidence. If this is the case, extend the requirement another 30 days (for up to 3 months maximum).
- Proceed forward with the information available.
- Follow up on provider requests after 10-14 days if evidence is not received.

Step 2: Evidence – Based Decisions

- Use medical evidence to decide who will manage the case.
- Use the "RR" component code to refer the case to a WFSSS as needed.
- Require the parent to participate up to the limits set by their provider.
- Use the EA Screening or plan to determine needed accommodations.
- Use the 14-012 Consent Form to communicate with partners what accommodations the parent needs to participate.
- Incorporate recommended treatment plans in their IRP.

Some parents will only be able to participate 10 hours or less per week. Use the following components in these cases:

- XG and/or XM for conditions expected to last less than 12 months.
- XB or ZD exemption (and any other X components as needed) for conditions expected to last 12 months or more.