



RULE-MAKING ORDER EMERGENCY RULE ONLY

CR-103E (December 2017) (Implements RCW 34.05.350 and 34.05.360)

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STATE OF WASHINGTON
FILED

DATE: November 19, 2020

TIME: 8:21 AM

WSR 20-24-005

Agency: Department of Social and Health Services, Economic Services Administration

Effective date of rule:

Emergency Rules

- Immediately upon filing.
- Later (specify) November 21, 2020

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

- Yes
 - No
- If Yes, explain:

Purpose: The department is extending emergency amendments to WAC 388-447-0005, What evidence do we consider to determine incapacity?; WAC 388-447-0010, What medical evidence do I need to provide?; WAC 388-447-0110, When does my eligibility for referral to the housing and essential needs (HEN) program end?; WAC 388-449-0010, What evidence do we consider to determine disability?; WAC 388-449-0015, What medical evidence do I need to provide?; and WAC 388-449-0150, When does my eligibility for aged, blind, or disabled (ABD) cash benefits end?.

These amendments are necessary to mitigate impacts (to ABD and HEN Referral clients and medical providers) resulting from the ongoing COVID-19 virus (commonly referred to as the "Coronavirus") public health crisis.

Citation of rules affected by this order:

New: None
 Repealed: None
 Amended: WAC 388-447-0005, WAC 388-447-0010, WAC 388-447-0110, WAC 388-449-0010, WAC 388-449-0015, WAC 388-449-0150)
 Suspended: None

Statutory authority for adoption: RCW 74.04.005, RCW 74.04.0052, RCW 74.04.050, RCW 74.04.055, RCW 74.04.057, RCW 74.04.510, RCW 74.04.655, RCW 74.04.770, RCW 74.08.090, RCW 74.08.043, RCW 74.08.335, RCW 74.09.530, RCW 74.08.025, RCW 74.08A.100

Other authority:

EMERGENCY RULE

Under RCW 34.05.350 the agency for good cause finds:

- That immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.
- That state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule.

Reasons for this finding: This subsequent filing is necessary to extend the existing emergency rules filed under WSR 20-16-015, which protect public health, safety, and welfare by mitigating client and medical provider impacts caused by the ongoing COVID-19 pandemic and associated state of emergency in all Washington counties, as proclaimed by Governor Inslee's "Proclamation by the Governor 20-05."

The department filed notice of its intent to adopt the rules as permanent rules by filing a CR-101 Preproposal Statement of Inquiry under WSR 20-14-107 on June 30, 2020. A CR-102 Proposed Rule Making was filed as WSR 20-23-075 on November 16, 2020.

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	___	Amended	___	Repealed	___
Federal rules or standards:	New	___	Amended	___	Repealed	___
Recently enacted state statutes:	New	___	Amended	___	Repealed	___

The number of sections adopted at the request of a nongovernmental entity:

New	___	Amended	___	Repealed	___
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The number of sections adopted on the agency's own initiative:

New	___	Amended	___	Repealed	___
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	___	Amended	___	Repealed	___
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The number of sections adopted using:

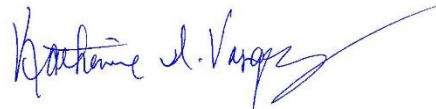
Negotiated rule making:	New	___	Amended	___	Repealed	___
Pilot rule making:	New	___	Amended	___	Repealed	___
Other alternative rule making:	New	___	Amended	<u>6</u>	Repealed	___

Date Adopted: November 16, 2020

Name: Katherine I. Vasquez

Title: DSHS Rules Coordinator

Signature:



WAC 388-447-0005 What evidence do we consider to determine incapacity? (1) To determine whether a medically determinable impairment exists, we consider medical evidence from "acceptable medical sources." "Acceptable medical sources" include the following:

(a) For a physical impairment, a health professional licensed in Washington state or where the examination was performed:

- (i) Medical doctor (MD);
- (ii) Doctor of osteopathy (DO);
- (iii) Doctor of optometry (OD) for visual disorders;
- (iv) Doctor of podiatry (DP) for foot and ankle disorders;
- (v) Physician assistant (PA) for impairments within their licensed scope of practice;
- (vi) Advanced registered nurse practitioner (ARNP) for impairments within their licensed scope of practice;
- (vii) Audiologist for impairments of hearing loss, auditory processing disorders, and balance disorders within their licensed scope of practice;

(viii) Qualified speech-language pathologist, for purposes of establishing speech or language impairments;

(ix) Doctor of dental surgery (DDS) or doctor of medical dentistry (DMD) for tooth abscesses or temporomandibular joint (TMJ) disorders; and

(x) Chief of staff of a U.S. Department of Veterans Affairs medical center, or their designee, as authorized in federal law.

(b) For a mental impairment, a health professional licensed in Washington state or where the examination was performed:

- (i) Psychiatrist;
- (ii) Psychologist;
- (iii) Advanced registered nurse practitioner (ARNP) for impairments within their licensed scope of practice;
- (iv) Physician assistant (PA) for impairments within their licensed scope of practice;
- (v) School psychologist or other licensed or certified individual who performs the same function as a school psychologist in a school setting for impairments of intellectual disability, learning disability, or borderline intellectual functioning;
- (vi) Clinical social worker;
- (vii) Mental health professional (MHP); and
- (viii) Physician treating you for a mental impairment.

(2) "Supplemental medical evidence" means information from a licensed health professional who can provide supporting documentation for impairments established by an "acceptable medical source" listed in subsection (1) of this section. "Supplemental medical evidence" sources include, but are not limited to:

- (a) Naturopath;
- (b) Chiropractor;
- (c) Physical therapist; and
- (d) Chemical dependency professional (CDP) when requesting information on the effects of substance use disorders.

(3) "Other evidence" means information from sources not listed in subsections (1) and (2) of this section who can provide supporting documentation of functioning for impairments established by an "acceptable medical source" in subsection (1) of this section. Sources of

"other evidence" may include public and private agencies, schools, family members, friends, caregivers, and employers.

(4) In the event of a declared state of emergency related to COVID-19, the department may accept a diagnosis of a medically determinable impairment from a "supplemental medical evidence" source in subsection (2) of this section or the predictive risk intelligence system (PRISM).

AMENDATORY SECTION (Amending WSR 13-24-044, filed 11/26/13, effective 1/1/14)

WAC 388-447-0010 What medical evidence do I need to provide?

You must provide medical evidence of your impairment(s) and how your impairment(s) affects your ability to perform regular and continuous work activity. Medical evidence must be in writing and be clear, objective and complete.

(1) Objective evidence for physical impairments means:

(a) Laboratory test results;
(b) Pathology reports;
(c) Radiology findings including results of X-rays and diagnostic imaging scans;

(d) Clinical findings including, but not limited to, ranges of joint motion, blood pressure, temperature or pulse; and documentation of a physical examination; or

(e) Hospital history and physical reports and admission and discharge summaries; or

(f) Other medical history and physical reports related to your current impairments.

(2) Objective evidence for mental impairments means:

(a) Clinical interview observations, including objective mental status exam results and interpretation.

(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.

(d) Testing results, if any, including:

(i) Description and interpretation of tests of memory, concentration, cognition or intelligence; or

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

(3) Medical evidence sufficient for an incapacity determination must be from a medical professional described in WAC 388-447-0005 and must include:

(a) A diagnosis for the impairment, or impairments, based on an examination performed within five years of application;

(b) A clear description of how the impairment relates to your ability to perform the work-related activities listed in WAC 388-447-0001; and

(c) Documentation of how the impairment, or impairments, is currently limiting your ability to work based on an examination performed within ninety days of the date of application or incapacity review. In the event of a declared state of emergency related to COVID-19, the department may accept functional medical evidence beyond ninety days

of the date of application or incapacity review, or otherwise waive this requirement in its entirety.

(4) We consider documentation in addition to objective evidence to support the medical evidence provider's opinion that you are unable to perform substantial gainful employment, such as proof of hospitalization.

(5) If you can't obtain medical evidence sufficient for us to determine if you are incapacitated without cost to you, and you meet the other eligibility conditions defined in WAC 388-447-0001, we pay the costs to obtain objective evidence based on our published payment limits and fee schedules.

AMENDATORY SECTION (Amending WSR 13-24-044, filed 11/26/13, effective 1/1/14)

WAC 388-447-0110 When does my eligibility for referral to the housing and essential needs (HEN) program end? (1) If we determine you are incapacitated and you meet the eligibility requirements in WAC 388-400-0070, you are eligible for referral to the housing and essential needs (HEN) program for a maximum period of twelve months. This is your incapacity authorization period.

(2) Your HEN referral eligibility stops at the end of your incapacity authorization period unless you provide current medical evidence that demonstrates there was no material improvement in your impairment. No material improvement means that your impairment continues to meet the incapacity criteria detailed in WAC 388-447-0001. In the event of a declared state of emergency related to COVID-19, the department may postpone review of your HEN referral program eligibility beyond the twelve month period if the department determines you are not eligible for the aged, blind, or disabled (ABD) program at the time of your incapacity review. The postponement of this review may occur retroactively to the date the governor declares a state of emergency related to COVID-19.

(3) The medical evidence must meet the criteria defined in WAC 388-447-0010.

(4) We use medical evidence received after your incapacity authorization period has ended when:

(a) The delay was not due to your failure to cooperate;

(b) We receive the evidence within thirty days of the end of your incapacity authorization period; and

(c) The evidence meets the incapacity criteria in WAC 388-447-0001.

(5) Even if your condition has not improved, you aren't eligible for referral to the HEN program when:

(a) We receive current medical evidence that doesn't meet the incapacity criteria in WAC 388-447-0001; or

(b) We determine the prior decision that your condition met incapacity requirements was incorrect because:

(i) The information we had was incorrect or not enough to show incapacity; or

(ii) We didn't apply the rules correctly to the information we had at that time.

WAC 388-449-0010 What evidence do we consider to determine disability? (1) To determine whether a medically determinable impairment exists, we consider medical evidence from "acceptable medical sources." "Acceptable medical sources" include the following:

(a) For a physical impairment, a health professional licensed in Washington state or where the examination was performed:

- (i) Medical doctor (MD);
- (ii) Doctor of osteopathy (DO);
- (iii) Doctor of optometry (OD) for visual disorders;
- (iv) Doctor of podiatry (DP) for foot and ankle disorders;
- (v) Physician assistant (PA) for impairments within their licensed scope of practice;
- (vi) Advanced registered nurse practitioner (ARNP) for impairments within their licensed scope of practice;
- (vii) Audiologist for impairments of hearing loss, auditory processing disorders, and balance disorders within their licensed scope of practice; and
- (viii) Qualified speech-language pathologist, for purposes of establishing speech or language impairments.

(b) For a mental impairment, a health professional licensed in Washington state or where the examination was performed:

- (i) Psychiatrist;
- (ii) Psychologist;
- (iii) Advanced registered nurse practitioner (ARNP) for impairments within their licensed scope of practice;
- (iv) Physician assistant (PA) for impairments within their licensed scope of practice; and
- (v) School psychologist or other licensed or certified individual who performs the same function as a school psychologist in a school setting for impairments of intellectual disability, learning disability, or borderline intellectual functioning.

(2) We accept medical evidence of how your impairment(s) affect your ability to function from "treating medical sources" once a diagnosis of a medically determinable impairment has been established by an "acceptable medical source" listed in subsection (1) of this section. "Treating medical sources" must be licensed to provide health-care and include, but are not limited to:

- (a) Physician treating you for a mental impairment;
- (b) Clinical social worker;
- (c) Mental health professional (MHP);
- (d) Naturopath;
- (e) Chiropractor;
- (f) Physical therapist; and
- (g) Chemical dependency professional (CDP) when requesting information on the effects of substance use disorders.

(3) "Other evidence" means information from sources not listed in subsections (1) and (2) of this section who can provide supporting documentation of functioning for impairments established by an "acceptable medical source" in subsection (1) of this section. Sources of "other evidence" may include public and private agencies, schools, family members, friends, caregivers, and employers.

(4) In the event of a declared state of emergency related to COVID-19, the department may accept a diagnosis of a medically determina-

ble impairment from a "treating medical source" in subsection (2) of this section or the predictive risk intelligence system (PRISM).

AMENDATORY SECTION (Amending WSR 12-10-042, filed 4/27/12, effective 6/1/12)

WAC 388-449-0015 What medical evidence do I need to provide?

You must give us medical evidence of your impairment(s) and how they affect your ability to perform regular and continuous work activity. Medical evidence must be in writing and be clear, objective, and complete.

(1) Objective evidence for physical impairments means:

- (a) Laboratory test results;
- (b) Pathology reports;
- (c) Radiology findings including results of X-rays and computer imaging scans;
- (d) Clinical findings, including but not limited to ranges of joint motion, blood pressure, temperature or pulse, and documentation of a physical examination; and
- (e) Hospital history and physical reports and admission and discharge summaries; or
- (f) Other medical history and physical reports related to your current impairments.

(2) Objective evidence for mental impairments means:

- (a) Clinical interview observations, including objective mental status exam results and interpretation.
- (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.
- (d) Testing results, if any, including:
 - (i) Description and interpretation of tests of memory, concentration, cognition or intelligence; or
 - (ii) Interpretation of medical tests to identify or exclude a connection between the mental impairment and physical illness.

(3) Medical evidence sufficient for a disability determination must be from a medical professional described in WAC 388-449-0010 and must include:

- (a) A diagnosis for the impairment, or impairments, based on an examination performed by an acceptable medical source defined in WAC 388-449-0010 within five years of application;
- (b) A clear description of how the impairment relates to your ability to perform the work-related activities listed in WAC 388-449-0005;
- (c) Documentation of how long a condition has impaired your ability to perform work related activities;
- (d) A prognosis, or written statement of how long an impairment will impair your ability to perform work related activities; and
- (e) A written statement from a medical professional (defined in WAC 388-449-0010) describing what you are capable of doing despite your impairment (medical source statement) based on an examination performed within ninety days of the date of application or forty-five days before the month of disability review. In the event of a declared

state of emergency related to COVID-19, the department may accept functional medical evidence beyond ninety days of the date of application or forty-five days before the month of disability review, or otherwise waive this requirement in its entirety.

(4) We consider documentation in addition to objective evidence to support the acceptable medical source or treating provider's opinion that you are unable to perform substantial gainful employment, such as proof of hospitalization.

(5) When making a disability decision, we don't use your report of symptoms as evidence unless objective evidence shows there is an impairment that could reasonably be expected to produce those symptoms.

(6) We don't use symptoms related to substance abuse or a diagnosis of chemical dependency when determining disability if we have evidence substance use is material to your impairment(s).

(7) We consider substance use to be material to your impairment(s) if you are disabled primarily because of drug or alcohol abuse or addiction.

(8) If your impairment will persist at least sixty days after you stop using drugs or alcohol, we do not consider substance use to be material to your impairment.

(9) If you can't obtain medical evidence sufficient for us to determine if you are likely to be disabled without cost to you, and you meet the other eligibility conditions in WAC 388-400-0060, we pay the costs to obtain objective evidence based on published payment limits and fee schedules.

(10) We determine the likelihood of disability based solely on the objective information we receive. We are not obligated to accept another agency's or person's decision that you are disabled or unemployable.

AMENDATORY SECTION (Amending WSR 12-10-042, filed 4/27/12, effective 6/1/12)

WAC 388-449-0150 When does my eligibility for aged, blind, or disabled (ABD) cash benefits end? (1) The maximum period of eligibility for ABD cash is twenty-four months before we must review additional medical evidence. If you remain on ABD cash at the end of the twenty-four month period, we determine your eligibility using current medical evidence. In the event of a declared state of emergency related to COVID-19, the department may postpone review of your ABD cash eligibility beyond the twenty-four month period. The postponement of this review may occur retroactively to the date the governor declares a state of emergency related to COVID-19.

(2) If your application for SSI is denied:

(a) We review your eligibility for the ABD cash program;

(b) We stop your benefits if you do not provide proof you have filed an appeal with SSA within sixty days of a SSI denial for not being disabled.

(3) We stop your benefits after the final decision on your application for SSI/SSA benefits or if you fail to follow through with any part of the SSI/SSA application or appeals process.