

Department of Social and Health Services

Olympia, Washington

Social Services Manual

Revision # 85

CATEGORY Incapacity Determination - Progressive Evaluation Process (PEP)

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

Issued **November 1, 2010**

Revision Author: Melissa Mathson

Division CSD

Phone (360) 725-4563

Email melissa.mathson@dshs.wa.gov

Summary : Effective 11/1/2010 the social factors will be revised and ART process will be eliminated.

INCAPACITY DETERMINATION - PROGRESSIVE EVALUATION PROCESS (PEP)

Revised July 19, 2010

[WAC 388-448-0035](#) How we assign severity ratings to your incapacity

[WAC 388-448-0040](#) PEP Step I - Review of medical evidence required for eligibility determination

[WAC 388-448-0050](#) PEP Step II - How we determine the severity of mental impairments

[WAC 388-448-0060](#) PEP Step III - How we determine the severity of physical impairments

[WAC 388-448-0070](#) PEP Step IV - How we determine the severity of multiple impairments

[WAC 388-448-0080](#) PEP Step V -- How we determine your ability to function in a work environment if you have a mental impairment.

[WAC 388-448-0090](#) PEP Step V - How we determine your ability to function in a work environment if you have a physical impairment

[WAC 388-448-0100](#) PEP Step VI -- How we evaluation capacity to perform relevant past work

[WAC 388-448-0110](#) PEP Step VII -- How we evaluate your capacity to perform other work

[WAC 388-448-0120](#) How we decide how long you are incapacitated

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	<u>Effect on Work Related Activities</u>	Numerical Value
None	<u>No effect</u>	1
Mild	<u>No significant effect</u>	2
Moderate	<u>Significant limits on performance</u>	3
Marked	<u>Very significant limits on performance</u>	4
Severe	<u>Unable to perform one or more work activity</u>	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.a. When the provider chooses not to assign a severity rating, R~~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
 - ~~e.b.~~ 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 May 1, 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 sufficient to decide whether your circumstances 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 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 if:
 - a. There is only one impairment and the severity rating is less than three;
 - b. A reported impairment 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;
or
 - d. We don't have clear and objective medical evidence to approve incapacity.

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

1. When it is clear that the effects on work activities are solely the result of alcohol or drug abuse/addiction, deny incapacity. 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.
 - 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 or the medical evidence supports a finding that the person is primarily incapacitated due to chemical dependency or 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 if he is willing to undergo treatment.

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.

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.

3. **Duration:**

- 1.a. If the provider's estimate of the duration of the impairment is consistent with the medical evidence provided, accept it.
- 2.b. If the provider is unable to estimate duration, use reference sources and your professional judgment to assign duration.
- 3.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 don't support the diagnosis and suggests that the diagnosis isn't 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.
6. Follow the medical evidence procedures in [Incapacity Determination Process](#). Deny incapacity if you are unable to obtain clear, current, objective medical evidence.

WAC 388-448-0050

Effective September 1, 2000

WAC 388-448-0050 PEP Step II - How we determine the severity of mental impairments

If you are diagnosed with a mental impairment by a professional described in WAC 388-448-0020, we use information from the provider to determine if your how the impairment ~~prevents you from being able to work~~ limits work-related activities.

- (1) We review the following psychological evidence to determine the severity of your mental impairment:
 - (a) Psychosocial and treatment history records;
 - (b) Clinical findings of specific abnormalities of behavior, mood, thought, orientation, or perception;
 - (c) Results of psychological tests; and
 - (d) Symptoms observed by the examining practitioner that show how your impairment affects your ability to perform basic work-related activities.
- (2) We exclude diagnosis and related symptoms of alcohol or substance abuse or addiction.
- (3) If you are diagnosed with mental retardation, the diagnosis must be based on the Wechsler Adult Intelligence Scale (WAIS). The following test results determine the severity rating:

	Intelligence Quotient (IQ) Score	Severity Rating
	85 or above	1
	71 to 84	3
	70 or lower	5
	<p>(4) If you are diagnosed with a mental impairment with physical causes, we assign a severity rating based on the most severe of the following four areas of impairment:</p> <ul style="list-style-type: none"> (a) Short term memory impairment; (b) Perceptual or thinking disturbances; (c) Disorientation to time and place; or (d) Labile, shallow, or coarse affect. <p>(5) We base the severity of <u>an impairment diagnosed as a mood, thought, memory, or cognitive disorder</u> functional disorder on a clinical assessment of the intensity and frequency of symptoms that:</p> <ul style="list-style-type: none"> (a) Affect your ability to perform basic work related activities; and (b) Are consistent with a diagnosis of a mental impairment as listed in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). <p>(6) We base the severity rating for a functional mental impairment on accumulated severity ratings for the symptoms in subsection (5) (a) of this section as follows:</p>	
	Symptom Ratings or Condition	Severity Rating
	<p>1-a. You are diagnosed with a functional disorder with psychotic features; The functional mental impairment is diagnosed with psychotic features;</p> <p>2-b. You have had two or more hospitalizations for psychiatric reasons in the past two years;</p> <p>3-c. You have had more than six months of continuous psychiatric hospital inpatient or residential treatment in the past two years;</p> <p>d. The objective evidence and global assessment of functional score are consistent with a significant limitation on performing work activities.</p> <p>4. The overall assessment of symptoms is rated three; or</p> <p>5. At least three symptoms are rated three or higher.</p>	<p><u>Moderate (3)</u></p>
	<p>6. The objective evidence and global assessment of functioning score are consistent with very significant limitations on ability to perform work activities. The overall assessment of symptoms is rated four; or</p>	<p><u>Marked (4)</u></p>

7.e. At least three symptoms are rated four or five.	
8. The objective evidence and global assessment of functioning score are consistent with the absence of ability to perform work activities. The overall assessment of symptoms is rated five; or 9.f. At least three symptoms are rated five.	Severe (5)
(7) If you are diagnosed with any combination of mental retardation, mental impairment with physical causes, or functional mental impairment, we assign a severity rating as follows:	
Condition	Severity Rating
1.a. Two or more disorders with moderate severity (3) ratings of three; or 2.b. One or more disorders rated moderate severity (3) three, and one rated marked severity (4) four.	Marked (4)4
3.c. Two or more disorders rated marked severity (4) four.	Severe (5)5
(8) We deny incapacity when you haven't been diagnosed with a significant physical impairment and your overall mental severity rating is one or two;	
(9) We approve incapacity when you have an overall mental severity rating of severe (5)e.	
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 .	

NOTE: The DSHS 13-865 Psychological/Psychiatric Evaluation ~~form~~, ~~form~~, DOC 13-450 Behavioral Health Discharge Summary, or typed narrative evaluation may be used to assess mental health impairments.

CLARIFYING INFORMATION

1. The Short Clinical Scale is no longer used in the mental health community and has been removed from the psychological evaluation form. Any symptom that **affects a work function** and is listed in the DSM IV may be listed by the mental health provider.
2. Only consider symptoms that have an impact on work function when determining incapacity.
3. See the [learning disabilities and deficits](#) chapter when a learning disorder is diagnosed. Most learning disorders, including ADHD, aren't incapacitating.
4. Don't consider diagnosis and symptoms of alcohol or substance abuse, or dependence, when

determining incapacity through the PEP.

5. Alcohol and substance use information is requested in order to differentiate between substance use and mental health symptoms, and to provide information for the development of a case plan.
6. A symptom that was not observed by the evaluator may be considered when determining incapacity accepted if consistent with others symptoms of a diagnosis the evaluator observed.
7. The Global Assessment of Functioning (GAF) is commonly used in the mental health community to provide an overall assessment of how well a person is functioning. Factors such housing and employment may be used by a mental health provider when assigning a GAF.

NOTE: A low GAF score based primarily homelessness or lack of employment **must** be adjusted to be consistent with the person's mental health symptoms and the objective evidence contained in the psychological evaluation. Give clear and convincing reasons when changing any rating given by a health professional.

AXIS I	<p>Clinical disorders, including major mental disorders, as well as developmental and learning disorders.</p> <p>Common Axis I disorders include depression, anxiety disorders, bipolar disorder, Autism, phobias, and schizophrenia.</p>
AXIS II	<p>Underlying pervasive or personality conditions, as well as mental retardation.</p> <p>Common Axis II disorders include personality disorders and mental retardation.</p>
AXIS III	<p>Acute medical conditions and physical disorders.</p> <p>Common Axis III disorders include brain injuries and other medical/physical disorders, which may aggravate existing diseases or present symptoms similar to other disorders.</p>
AXIS IV	<p>Psychosocial and environmental factors contributing to the disorder.</p> <p>Factors such as homelessness and employment status are reflected in Axis IV.</p>
AXIS V	<p>Global Assessment of Functioning. Used by mental health professionals and physicians to subjectively rate the social, occupational and psychological functioning of adults. See chart below.</p>

7. The following chart lists the GAF score ranges with descriptions of functioning and the associated severity rating.

Severity Rating	GAF	Description of functioning.
1	80-100	Absent to minimal symptoms with good to superior functioning in all areas.

2	6061-7980	Some mild or transient symptoms that are expectable reactions to psychological stress.
3	510-5960	Moderate symptoms or any moderate difficulty in social, occupational, or school functioning.
4	3031-4950	Serious symptoms or impairment in social functioning. May have some impairment in reality testing or communication.
5	1-2930	Behavior is influenced by delusions or hallucinations, inability to function in all areas.

WORKER RESPONSIBILITIES

Adjustment Points

On the DSHS 13-865, Psychological/Psychiatric Evaluation form, [DOC 13-450](#), or [narrative psychological evaluation](#):

- ~~In section D.2:~~ When [a an organic mental impairment with physical causes mental syndrome condition](#) is identified as deteriorating, add one adjustment point to the severity rating.
- ~~In section D.3:~~ For a functional mental disorder, [use](#) the Global Assessment of Functioning (GAF) (in E.1.) [is as](#) the severity rating. ~~if there are three or more boxes checked with a more severe rating than the GAF, raise the severity rating by one adjustment point.~~ [the GAF is consistent with the objective narrative information in the psychological evaluation.](#)

NOTE: [Read the entire psychological evaluation before starting the PEP. The report must be internally consistent and severity ratings must be supported by narrative sections describing how the person is functioning.](#)
~~In all cases, only one adjustment point per disorder type (organic or functional) is allowed.~~

EXAMPLE

~~In section E.1. of the Psychological/Psychiatric Evaluation form,~~ Tom has a GAF rating of ~~510-5960~~ (moderate), which is a "3" severity rating. ~~In section D.3., the~~ [However the](#) psychologist has [rated described](#) Tom as having "marked" severity on two psychological symptoms and "severe" on another symptom. [Tom is described as isolating himself and needs help with ADLS.](#) Since ~~there are three categories that have a higher rating than the GAF of "3,"~~ you would add one adjustment point, ~~resulting in an adjusted severity rating of "4."~~ [the report as a whole supports a marked severity, assign marked, or "4" as the severity and document the symptoms and ADL problems listed by the provider.](#)

WAC 388-448-0060
Effective September 1, 2000

WAC 388-448-0060 PEP Step III - How we determine the severity of physical impairments

We must decide if your physical impairment is serious enough to limit your ability to be gainfully employed. "Severity of a physical impairment" means the degree that an impairment restricts you from performing basic work-related activities (see [WAC 388-448-0010](#)). Severity ratings range from one to five, with five being the most severe. We will assign severity ratings according to the table in [WAC 388-448-0035](#).

1. We assign to each physical impairment a severity rating that is supported by medical evidence.
2. If your physical impairment is rated two, and there is no mental impairment or a mental impairment that is rated one, we deny incapacity.
3. If your physical impairment is consistent with a severity rating of five, we approve incapacity.

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

Compare the severity rating given by the medical evidence provider with the objective evidence.

1. When it is consistent, accept it.
2. When it is **not** consistent, -raise or lower the rating after consulting medical sources and references. You must have **clear and convincing** reasons for adjusting a provider's severity rating. Always fully explain your clear and convincing reasons for not accepting the provider's rating in your notes.

NOTE: If you lower 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 that the client receives adequate notice in the denial letter. That is, you must state that you lowered the severity rating and the clear and convincing reasons for your decision.

WAC 388-448-0070
Effective August 1, 2001

WAC 388-448-0070 PEP Step IV - How we determine the severity of multiple impairments

1. If you have more than one impairment we decide the overall severity rating by deciding if your impairments have a combined effect on your ability to be gainfully employed. Each diagnosis is grouped by affected organ or function into one of thirteen "body systems." The thirteen body

systems consist of:

- a. Musculo-skeletal,
- b. Special senses and speech,
- c. Respiratory,
- d. Cardiovascular,
- e. Digestive,
- f. Genito-urinary,
- g. Hemic and lymphatic,
- h. Skin,
- i. Endocrine and obesity,
- j. Neurological,
- k. Mental disorders,
- l. Neoplastic, and
- m. Immune systems.

2. We follow these rules when there are multiple impairments:

- a. We group each diagnosis by body system.
- b. When you have two or more diagnosed impairments that limit work activities, we assign an overall severity rating as follows:

Your Condition	Severity Rating
1. All impairments are in the same body system, are rated two and there is no cumulative effect on basic work activities.	2
2. All impairments are in the same body system, are rated two and there is a cumulative effect on basic work activities. 3. All impairments are in different body systems, are rated two and there is a cumulative effect on basic work activities.	3
4. Two or more impairments are in different body systems and are rated three. 5. Two or more impairments are in different body systems; one is rated three and one is rated four.	4
6. Two or more impairments in different body systems are rated four.	5

3. We deny incapacity when the overall severity rating is two.

4. We approve incapacity when the overall severity rating is five.

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

Document the cumulative effect (or lack of effect) that multiple impairments have on the basic work activities.

WAC 388-448-0080

Effective September 1, 2000

WAC 388-448-0080 PEP Step V -- How we determine your ability to function in a work environment if you have a mental impairment.

If you have a mental impairment we evaluate your cognitive and social functioning in a work setting. Functioning means your ability to perform ~~the typical~~ tasks that would be required ~~of you on their a~~ routine job ~~and setting and~~ your ability to ~~get along with your co-workers, supervisors and other people you would be in contact with while on the job~~ interact effectively while working.

1. We evaluate ~~cognitive~~ and social ~~factors~~ functioning by assessing your ability to:
 - a. Understand, remember, and persist in tasks by following simple instructions of; ~~one- or two~~ -steps ~~instructions~~;
 - b. Understand, remember, and ~~f~~ persist in tasks by following complex instructions of three or more steps; ~~allow complex instructions, with three or more steps~~;
 - c. Learn new tasks ~~;~~;
 - ~~d. Exercise judgment and make decisions; and~~
 - d. Perform routine tasks without undue supervision.
 - e. Be aware of normal hazards and take appropriate precautions.
 - f. Communicate and perform effectively in a work setting with public contact.
 - g. Communicate and perform effectively in a work setting with limited public contact.
 - ~~e-h.~~ Maintain appropriate behavior in a work setting.
2. We approve incapacity when we have objective medical evidence, including a mental status exam (MSE) per WAC 388-448-0050, that demonstrates you are:
 - a. At least moderately impaired in your ability to understand, remember, and persist in tasks following simple instructions, and at least moderately limited in your ability to:

i. Learn new tasks;

ii. Be aware of normal hazards and take appropriate precautions; and

iii. Perform routine tasks without undue supervision; or

b. At least moderately impaired in the ability to understand, remember, and persist in task following complex instructions; and

4-c. Markedly impaired in the ability to learn new tasks, be aware of normal hazards and take appropriate precautions, and perform routine tasks without undue supervision. the practitioner's evaluation shows you are:

3. We approve incapacity when you are moderately (rated three) impaired in your ability to:

a. Communicate and perform effectively in a work setting with public contact;

b. Communicate and perform effectively in a work setting with limited public contact; and

c. Markedly (rated four) impaired in your ability to maintain appropriate behavior in a work setting.

~~a. At least moderately impaired in your ability to understand, remember, and follow simple instructions and at least moderately limited in your ability to:~~

~~Learn new tasks, exercise judgment, and make decisions; and~~

~~Perform routine tasks without undue supervision; or~~

~~b. Able to understand, remember, and follow simple instructions, but are:~~

~~At least moderately impaired in the ability to understand, remember, and follow instructions with three or more steps; and~~

~~Markedly impaired in the ability to learn new tasks, exercise judgment and make decisions, and perform routine tasks without undue supervision.~~

~~2. The practitioner's evaluation reports your social factors after assessing your ability to:~~

~~a. Relate appropriately to coworkers and supervisors;~~

~~b. Relate appropriately in contacts with the public;~~

~~c. Tolerate the pressures of a work setting;~~

~~d. Perform self-care activities, including personal hygiene; and~~

~~e. Maintain appropriate behavior in a work setting.~~

~~3. We approve incapacity if you are rated at least two in one area of social functioning and at least three in all other areas of social functioning.~~

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. Cognitive and Social Factors:

Approvals at PEP step V based on cognitive and social factors are intended for individuals who are unable perform the basic work functions necessary to learn the basic skills of a job, perform to an employer's expectations, or behave in a manner acceptable in a work place.

~~1. Cognitive Factors:~~

- ~~a. Ability to understand and follow simple instructions: This information is available from G.1.a. on DSHS 13-865.~~
- ~~b. Ability to understand and follow complex instructions: This information is available from G.1.b. on DSHS 13-865.~~
- ~~c. Composite cognitive score: This information is available from the sum of items G. 1. c., d., and e. on the DSHS 13-865.~~
- ~~d. Person cannot understand simple instructions according to WAC 388-448-0080(2): The person must be rated at least moderate in G.1.a., and at least moderate in G. 1.c., d., and e.~~
- ~~e. Person can understand simple but cannot understand complex instructions according to WAC 388-448-0080(2)(b): The person must be rated at least moderate in G.1.b. and at least marked in G. 1. c., d., and e.~~
- ~~2. Social factors:~~
 - ~~a. Composite social score: This information is available from the sum of social factors G.2. a. through e. on the DSHS 13-865.~~
 - ~~b. If the composite social score is 14 to 25, the person must meet the standards of WAC 388-448-0080(4). In G. 2. a. through e. the person must be rated at least mild in one area and at least moderate in all others.~~

2. 3. Mental Status Examinations (MSE):

The purpose of a Mental Status Examination (MSE) is to assess the presence and extent of a person's mental impairment. The MSE may suggest specific areas for further testing or specific types of required tests. There are standardized and non-standardized Mental Status Examinations.

- a. A standardized MSE includes a series of specific questions designed to assess memory, thought process and content, perception, attention and concentration, judgment, intelligence, insight, and orientation. A standardized MSE should usually be given where psychotic or

cognitive problems are indicated in the psychological/psychiatric evaluation. While the Folstein is the most common, many standardized MSE's are available.

- b. A non standardized MSE is not numerically rated and may be documented by indicating the degree to which a person is oriented (e.g. "O x 3" means a person is normal in the "three spheres" of time, place, and person - or fully oriented) along with more comprehensive observations including assessment of appearance, movement and behavior, affect, mood, speech, thought content and process, cognition, judgment, and insight.
- c. The MSE must be conducted by an authorized provider and included within the psychological/psychiatric evaluation or attached as an addendum.
- d. When used in conjunction with the evaluation, the MSE provides objective information, which should be consistent with the diagnoses and ratings contained in the psychological/psychiatric evaluation.
 - i. ~~e.~~ If the ratings on the psychological/psychiatric evaluation are inconsistent with the MSE, contact the provider for clarification before proceeding.
 - ii. Some mental status exams use a numeric rating system. For example, a score of 24 or more on the Folstein Mini Mental Status Examination is considered normal.
 - ~~d. Some mental status exams use a numeric rating system. For example, a score of 24 or more on the Folstein Mini Mental Status Examination is considered normal.~~
 - iii. ;

EXAMPLE

The cognitive ratings on the DSHS 13-865 are marked to indicate the client cannot follow simple one and two-step instructions. However, the client had no difficulty following instructions specifically developed to test this function - folding a piece of paper and placing it on the floor. Contact the provider and request clarification. The two pieces of information must be consistent to accurately reflect the status of the person being evaluated.

WORKER RESPONSIBILITIES

1. Ensure an objective MSE accompanies or is included with the psychological/psychiatric evaluation.
- ~~2.~~ If the MSE is not consistent with the evaluation, get-obtain clarification from the provider. ~~(See EXAMPLE above.)~~
- ~~2.~~

WAC 388-448-0090 PEP Step V - How we determine your ability to function in a work environment if you have a physical impairment

In Step V of the PEP we review the medical evidence you provide and make a determination of how your physical impairment prevents you from working. This determination is then used in Steps VI and VII of the PEP to determine your ability to perform either work you done in the past or other work.

~~1. "Exertion level" means having strength, flexibility, and mobility to lift, carry, stand or walk as needed to fulfill job duties in the following work levels. For this section, "occasionally" means less than one-third of the time and "frequently" means one-third to two-thirds of the time.~~

~~4. The following table is used to determine your exertion level. Included in this table is a strength factor, which is your ability to perform physical activities, as defined in Appendix C of the Dictionary of Occupational Titles Dictionary of Occupational Titles (DOT), Revised Edition, published by the U.S. Department of Labor as posted on the Occupational Information Network (O*NET). "Exertion level" means the ability to lift, carry, stand and walk with the strength needed to fulfill job duties in the following work categories. For this section, "occasionally" means less than one-third of the time and "frequently" means one-third to two-thirds of the time. We only consider your strength, mobility, and flexibility. We review any work limits you have in the following areas, and then assign an exertion level and determine exertional limitations. The following table is used to determine your exertion level.~~

~~Included in this table is a strength factor, which is your ability to perform physical activities, as defined in Appendix C of the Dictionary of Occupational Titles (DOT), Revised Edition, published by the U.S. Department of Labor.~~

	<u>If you are able to:</u>If You	<u>Then wWe</u> <u>aAssign tThis</u> <u>eExertion lLevel</u>
1-a.	Lift no more than two pounds or unable to stand or walk. Can not lift at least two pounds or stand and/or walk.	Severely limited
2-b.	Lift ten pounds maximum and frequently lift or carry lightweight articles. Walking or standing only for brief periods. Can lift ten pounds maximum and frequently lift and/or carry lightweight articles. Walking and standing are only required for brief periods.	Sedentary
3-c.	Lift twenty pounds maximum and frequently lift or carry objects weighing up to ten pounds. Walk six out of eight hours per day or stand during a significant portion of the workday. Sitting and using pushing or pulling arm or leg movements most of the day. Can lift twenty pounds maximum and frequently lift and/or carry objects weighing up to ten pounds. Walk six out of eight hours per day or stand during a significant portion of the workday. with sitting and pushing/pulling arm or leg movements most of the	Light

day.	
4.d. Lift fifty pounds maximum and frequently lift or carry up to twenty-five pounds. Can lift fifty pounds maximum and frequently lift and/or carry up to twenty-five pounds.	Medium
5.e. Lift one hundred pounds maximum and frequently lift or carry up to fifty pounds. Can lift one hundred pounds maximum and frequently lift and/or carry up to fifty pounds.	Heavy

2. "Exertionally-related limitation" means a restriction in mobility, agility or flexibility in the following twelve activities: balancing, bending, climbing, crawling, crouching, handling, kneeling, pulling, pushing, reaching, sitting, and stooping. If you have exertionally-related limitations, we consider them in determining your ability to work.
3. "Functional physical capacity" means the degree of strength, agility, flexibility, and mobility you can apply to work-related activities. We consider the effect of the physical impairment on the ability to perform work-related activities when the physical impairment is assigned an overall severity rating of three or four. We determine functional physical capacity based on your exertional, exertionally related and non-exertional limitations. All limitations must be substantiated by the medical evidence and directly related to the diagnosed impairment(s).
4. "Non-exertional physical limitation" means a restriction on work activities that does not affect strength, mobility, agility, or flexibility. Examples are:
 - a. ~~(a)~~ Environmental restrictions which could include, among other things, your inability to work in an area where you would be exposed to chemicals; and (b)
 - 4.b. ~~—~~ Workplace restrictions, such as impaired hearing or speech, which would limit the types of work environments you could work in.

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

Consideration of exertionally-related or non-exertional limitations may be crucial either in eliminating specific types of past work or in accurately assigning the level of work the person can currently perform. Non-exertional limitations may include:

- Restrictions in seeing or hearing,
- Allergies,
- Restrictions in operating dangerous machinery or driving, and
- Restrictions in working at heights due to dizziness.

WAC 388-448-0100 PEP Step VI -- How we evaluate your capacity to perform relevant past work

If your overall severity rating is moderate (three) or marked (four) and we have reached this stage of the PEP and have not approved or denied your application, we decide if you can do the same or similar work as you have done in the past. We look at your current physical and/or mental limitations from cognitive, social, and vocational factors to make this decision. Vocational factors are education, relevant work history, and age.

1. We evaluate education in terms of formal schooling or other training that enables you to meet job requirements. We classify education as:

If You	Then y Your Education L Level i s
1.a. Can not <u>Can't</u> read or write a simple communication, such as two sentences or a list of items.	Illiterate.
2.b. Have no formal schooling <u>or vocational training</u> beyond the eleventh grade; or 3.c. Have Had participated in special education <u>in basic academic classes of reading, writing, or mathematics in high school.</u>	Limited education
4.d. Have received a high school diploma or general equivalency degree (GED); or 5.e. Have received skills training and were awarded a certificate, degree or license.	High school and above level of education.

2. We evaluate your work experience to determine if you have relevant past work. "Relevant past work" means work that:
 - a. Defined as gainful employment per WAC 388-448-0010;
~~a. — Is normally done for pay or profit. We exclude work done in a sheltered workshop, a job where you were given special consideration, or activities you may have performed as a student or homemaker;~~
 - b. Has been performed in the past five years; and
 - c. You ~~have done performed~~ long enough ~~for you~~ to ~~have~~ acquired the knowledge and skills to continue performing the job. You must meet the specific vocational preparation level as defined in Appendix C of the [Dictionary of Occupational Titles](#).
3. For each relevant past work situation you have had, we determine:
 - a. The exertional or skill requirements of the job; and
 - b. Current cognitive, social, or nonexertional factors that significantly limit your ability to

perform past work.

4. After considering vocational factors, we approve or deny incapacity when you have:
- a. The physical and mental ability to perform past work, and there is no significant cognitive, social or nonexertional limitation that would prevent you from performing past work; or
 - b. Recently acquired specific work skills through completion of schooling or training, for jobs within your current physical or mental capacities.
5. We approve incapacity when you are fifty-five years of age or older and don't have the physical or mental ability to perform past work, based on the following:
- 4.6. _____

	If You	Then We Take This Action on Incapacity
1.	Have the physical or mental ability to perform past work and there is no significant cognitive, social or non-exertional limitation.	Deny
2.	Have recently acquired specific work skills through completion of vocational training, enabling you to work within your current physical or mental capacities.	Deny
3.	Are 55 years of age or older and have an impairment that is assigned an overall severity rating of at least three and do not have the physical or mental ability to perform past work or do not have work experience.	Approve

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

1. Enter the age rounded to the nearest full year.
2. Enter each job from DSHS 14-050, Statement of Health, Education, and Employment that is considered relevant past work.
3. Use [O*NET](#) to get exertion and skill levels for the jobs the client has held. **According to the Department of Labor, O*Net has replaced the Dictionary of Occupational Titles.**
4. Compare the physical and mental requirements for each job with the person's current functional abilities, as identified in Step V. If mental or non-exertional physical limitations prevent an individual from performing a job they were formerly capable of doing, indicate that

the person cannot do this job and **document the specific reason.**

EXAMPLE

A client is advised not to work in high places because of a seizure disorder. This would prevent the client from returning to past work as a roofer, but the client could perform past work as a retail clerk.

5. Deny incapacity when a person has recently completed vocational training or gained work skills that they can currently use to perform a job.
6. Deny incapacity when a person is able to do relevant past work.
7. Approve incapacity when a person is 55 years old or older and is unable to perform relevant past work, or has no relevant past work.

WAC 388-448-0110
 Effective September 1, 2000

WAC 388-448-0110 PEP Step VII -- How we evaluate your capacity to perform other work

If we decide you cannot do work that you've done before, we then decide if you can do any other work. ~~In making this decision, we again consider vocational factors of age, education and limited English proficiency (LEP).~~

1. We approve incapacity if you have a physical impairment ~~only~~ and meet the vocational factors below:

Highest Work Level Assigned by the Practitioner	Your Age	Your Education Level	Other Vocational Factors
Sedentary	Any age	Any level	Does not apply
Light	50 and older	Any level	Does not apply
Light	35 and older	Illiterate or LEP	Does not apply
Light	18 and older	Limited Education	Does not have any past work
Medium	50 and older	Limited education	Does not have any past work
Medium	55 and older	Any level	Does not apply
Heavy	55 and older	Any level	Environmental restrictions apply

2. We approve incapacity when you have a moderate (three) or marked (four) mental health

impairment and we have objective medical evidence, including a mental status exam (MSE) per WAC 388-448-0050, that demonstrates social or cognitive factors described in WAC 388-448-0080, interfere with working as follows: ~~mental disorder only and meet the age and social functioning limitations below:~~

Social Limitation	Age
<p><u>a. Moderately impaired (rated three) in your ability to:</u></p> <p><u>i. Communicate and perform effectively in a work setting with limited public contact; and</u></p> <p><u>4. Maintain appropriate behavior in a work setting. Can not appropriately relate to coworkers and supervisors (rated three); and;</u></p> <p><u>2.ii. Can not tolerate the pressures of a work setting (rated four).</u></p>	50 years and older
<p><u>b. You have a severe (five) impairment in your ability to:</u></p> <p><u>i. Communicate and perform effectively in a work setting with public contact; or</u></p> <p><u>3.ii. Communicate and perform effectively in a work setting with limited public contact. Can not tolerate the pressures of a work setting (rated five).</u></p>	18 to 54 <u>Any age</u>
<p><u>c. A mental disorder of marked severity (rated four):</u></p> <p><u>i. One or more severe (rated five) mental impairment symptoms; and</u></p> <p><u>4. Moderately impaired (rated three) in the ability to communicate and perform effectively in a work setting with public or limited public contact. A mental disorder severity rated four;</u></p> <p><u>5. One or more symptoms from WAC 388-448-0050 (4) (rated five);</u></p> <p><u>6. Can not appropriately relate to coworkers and supervisors (rated three); and</u></p> <p><u>7.ii. Can not tolerate the pressures of a work setting (rated four).</u></p>	18-49 <u>Any age</u>

3. We approve incapacity when you have both mental and physical impairments and we have objective medical evidence, including a mental status exam (MSE) per WAC 388-448-0050, that demonstrate social or cognitive factors, as described in WAC 388-448-0080 interfere with working as follows: ~~and vocational factors interfere with working as follows:~~

Your Age	Your Education	Your Other Restrictions
Any age	Any level	<p><u>a. You are moderately impaired in your ability to communicate and perform effectively in a work setting with limited public contact; and</u></p> <p><u>4.—You are markedly impaired in your ability to communicate</u></p>

		<p>and perform effectively in a work setting with public contact. Can not appropriately relate to coworkers and supervisors (rated three); and</p> <p>2.b. _____ Can not tolerate pressures of a work setting (rated four).</p>
50 or older	Limited education	3.c. _____ Restricted to medium work level or less.
18 to 49 <u>Any Age</u>	Limited education	4.d. _____ Restricted to light work level.
<p>4. If we do not find that you are incapacitated by the end of Step VII of the PEP, an administrative review team (ART) makes the incapacity decision. The review team consists of two or more persons within the community service office (CSO) who are not in the position of providing direct<u>We deny incapacity if we decide you don't meet the criteria listed above.</u> eligibility or incapacity services to you. The ART reviews the medical evidence and your vocational factors.</p>		

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. Completion of high school by attendance in a special education curriculum in the basic academic classes of math, English and writing is considered limited education. Classes for non-academic reasons such as speech therapy and interpersonal relationships are not to be considered special education or limited schooling.
2. High school education and above includes a non-English education if it otherwise meets the standards of a U.S. high school education.
3. If the person meets the criteria in the tables in 388-448-0110, approve DL.

ADMINISTRATIVE REVIEW

~~See the [Incapacity Determination – Administrative Review Team](#) chapter.~~

WAC 388-448-0120
Effective ~~May 1, 2004~~

WAC 388-448-0120 How we decide how long you are incapacitated

We decide how long you are incapacitated, up to the maximum period set by [WAC 388-448-0160](#), using medical evidence on the expected length of time needed to heal or recover from the incapacitating disorder(s).

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. If the provider gives a time range for the length of incapacity, i.e., 3 to 6 months, do not automatically approve for the minimum or maximum length of time. Each case should be assessed individually, taking into consideration the person's incapacitating condition, treatment plan, likelihood of improvement within a specific timeframe, etc. You should decide how much time is needed within the range given by the provider.

NOTE: **Don't** choose the minimum length of time for incapacity in order to use it as a case management or treatment monitoring tool.

EXAMPLE

Joan has recently been diagnosed as having depression. She was prescribed her third medication trial two days ago. The provider indicates that the previous two trials on different medications have been unsuccessful, and it may take some time to find a successful medication or combination of medications. Given the information regarding the medication issues, your assessment may be to approve her incapacity for 6 months.

EXAMPLE

Paul has a tibia fracture. The medical provider stated that Paul's degree of limitation is expected to continue for 6 to 9 months. Paul is 20 years old, and is otherwise in excellent physical condition. ~~having been a weight lifter up until his injury.~~ Based on these factors, you assess that he may be employable within 6 months, and approve incapacity for 6 months.

2. For each incapacity approval, complete the DSHS 14-332, Disability Assessment. ICMS will prompt you to complete this as part of the PEP process (Step VIII in ICMS). Use this form to decide:

- a. Whether the case should be referred for expedited Medicaid and SSI facilitation services, and
 - b. Which SSPS payment code to use (6020 or 6220) to reimburse the provider for medical services that were provided to support an incapacity decision.
3. When completing the DSHS 14-118, Incapacity Decision, keep in mind:
- a. The date of eligibility is the date complete medical documentation is received or the 45th day of application, whichever is earlier.
 - b. **For denials and terminations, you ~~need-must to~~ include the specific reason on the 14-118 so that the client receives adequate notice.**

[Search IESA Clarification Database](#)

[▲ BACK TO TOP](#)

Modification Date: July 19, 2010

Have comments on the manual? Please [e-mail us](#). You can also use this link to report broken links or content problems.