AX CA ESSENTIAL RECORDS

DIVISION: (Required Field)	Program and Policy
DOCUMENT TYPE: (Required Field)	Manual
MEDIA:	**Select Media**
TOPIC: (Required Field)	Manual Revision
DOCUMENT TITLE:	Manual G Chapter: 61
DOCUMENT DATE/RANGE: (Required Field)	
DAN NUMBER:	**Select DAN Number**
RESTRICTED OR LITIGATION HOLD:	**Select Restricted or Litigation Hold**
NOTES:	

DO NOT MAKE PHOTO COPIES OF THIS!
(Always print copies directly from this electronic document)

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06/06/2017

MANUAL G: CHAPTER 6

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-253
Issued: 10/07/86

FROM: DIVISION OF INCOME ASSISTANCE
Bernice Morehead, Acting Director

SECTIONS REVISED:
61

EFFECTIVE: 03/17/86
FOR INFORMATION CALL:
Non-SCAN 753-4908 or
SCAN 234-4908

IF NOT DELIVERABLE, RETURN TO: DSHS STOCKROOM MS FB-11
FOR MANUAL PRODUCTION CHANGES, PLEASE NOTIFY: MANUAL
PRODUCTION UNIT AT MS OB-16

SUBJECT: SEN LOUN V. RAHM - AFDC-INCAPACITY

Insert this notice in front of Manual G, Chapter 61, and note on the Green Notice Control Sheet the date Notice No. G-253 was entered.

As a result of the settlement of the Sen Loun v. Rahm court case, there is a change in the definition of incapacity for the AFDC-R program. To be incapacitated, a person no longer needs to be considered unemployable. The key issue is whether or not the person has a verifiable medical condition that prevents him/her from earning enough to support his/her family. There is no longer an hour limit for working.

A terminal alert was issued instructing the Community Services Offices (CSOs) on how to handle new applications. This Green Notice provides instructions for reviewing previously denied or terminated cases affected by this decision. A listing of initial denials will be provided to the CSOs.

The following is a copy of the pertinent section of the revised WAC 388-24-065 which was adopted on an emergency basis, effective March 17, 1986:

WAC 388-24-065 AID TO FAMILIES WITH DEPENDENT CHILDREN--DEPRIVATION DUE TO INCAPACITY

(1) A child is considered to be deprived of parental support and care by reason of parental incapacity when he or she lives with two natural or adoptive parents or one natural or adoptive parent and one stepparent, and one or both parents are substantially incapacitated.

(2) Deprivation due to physical or mental incapacity of a parent shall be deemed to exist when the parent of an otherwise eligible child has a physical or mental illness, defect, or impairment. The incapacity shall be supported by competent medical testimony and must be of such a debilitating nature as to reduce substantially or eliminate the parent's ability to support or care for the otherwise eligible child and be expected to last at least thirty days. In making the determination of ability to support, the limited employment opportunities of the handicapped shall be taken into account.

(3) Deprivation exists if the incapacity:

(a) Reduces substantially or eliminates the parent's ability to care for the child.

(b) Is the reason employers refuse to employ the parent for work he or she could do. (This includes behavioral disorders and other impairments which interfere with the securing and maintaining of employment);

(c) Prevents the parent from working full-time at a job in which he or she has customarily engaged; and from working full- time on another job for which he or she is equipped by education, training, or experience, or which can be learned by on-the-job training; or

(d) Prevents the parent from accomplishing as much on a job as a regular employee and is the reason he or she is paid on a reduced basis even though working full time; or

(e) Qualifies the parent for placement in a job which is rehabilitative, therapeutic, or in a sheltered workshop not considered to be a competitive full-time job and he or she is placed in such a job.

The main criteria to establish eligibility for AFDC-Incapacity is the reduced ability of parents to support their child(ren), not employability. Therefore, <u>if a verifiable medical condition exists</u> which prevents a person from earning enough to support his/her family, eligibility would exist for AFDC-R, even if he/she is working more than half-time.

A. For initial applications, the Incapacity Specialist will:

1. Continue to process AFDC-R cases through the PEP.

2. Continue to approve those cases now eligible according to PEP.

3. Continue to deny those cases who don't meet Step I criteria.

4. Continue to deny those cases whose overall severity rating is a "1" or a "2" (Step II or Step III).

5. Refer any other AFDC-R cases to the Administrative Review Team (ART). This includes cases with at least a severity rating of "3" who may have otherwise been denied at Step 6 or Step 7.

   The ART must review all AFDC-R referrals according to the new WAC criteria above, especially taking into account:

   a. The limited employment opportunities of the handicapped; and

   b. Whether the parent's ability to support his or her children has been substantially reduced due to the medical problem.

B. For previous denials or terminations, the Incapacity Specialist will:

1. Contact all applicants or recipients on the list by letter informing them you will be reviewing their incapacity decision. Instruct them to contact you within 10 days to initiate the review. If no response is received, file the copy of the letter making notation of "No Response" and take no further action.

   The wording of the letter should include as a minimum the following:

   > As a result of the Sen Loun v Rahm Court Case, I will be reviewing the incapacity decision which resulted in your being denied or terminated from benefits. The time period being reviewed is from December 22, 1984 to present. If you wish to have your case reviewed, contact me at _____ _____ by _____.

2. For those who respond, review all adverse decisions made on or after March 21, 1985, or whose claims for benefits were administratively active on March 21, 1985.

   A claim will be considered administratively active if one of the following actions was taken prior to March 21, 1985:

   a. Adverse initial decisions received on or after December 22, 1984;

   b. Adverse hearing decision received on or after March 7, 1985;

c. Adverse review decision received on or after February 19, 1985.

3. Determine incapacity according to procedures in A. 3-5.

4. Refer case to Financial to reinstate benefits for anyone determined eligible according to the new criteria, providing they are otherwise eligible, effective the date of their termination or denial.

COMPLIANCE WITH THE COURT ORDER

In order for DIA to assure the court of compliance with the court order, the Incapacity Specialist is to keep a central list of all clients identified for redetermination and send a copy of the list, noting the decision made in each case, along with a copy of the decision letter(s), to DIA, OB-31J, attention Betty Brinkman.

A decision should be made in each case by November 30, 1986, and notice of the decision, along with copies of the letter(s), sent to DIA by December 19, 1986. Note any cases where the decision was not made by the end of October, including the reason for the delay, i.e., need to clarify questionable (or inconclusive) information.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-243
ISSUED: 2/12/86

FROM: Judith M. Merchant, Director
Division of Income Assistance OB-31C

SECTIONS REVISED:
Incapacity
Determination Handbook
Page 79

EFFECTIVE: Immediately
FOR INFORMATION CALL:
Cec Anderson
SCAN 234-0478 or
Non-SCAN 753-0478

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT, MS OB-16

SUBJECT: ADDITIONAL GUIDELINES FOR APPLYING THE TERMINATION PROVISO IN INCAPACITY DETERMINATION

Place this notice in front of the Manual G, Chapter 61 (currently referred to as the Incapacity Determination Handbook), and note on the Green Notice Control Sheet the date Notice No. G-243 was entered.

BACKGROUND

Current WAC rules require the incapacity specialist to apply the proviso for establishing clear improvement or previous error at any denial point in the progressive evaluation process [WAC 388-37-050(2) and 388-37-110(5)].

In statewide training and subsequent clarifications, incapacity specialists have been more specifically instructed to use this proviso at the end of Steps II, III, or VI if denied there, and at any point in Step VII prior to referring a case for administrative review.

REVISED PROCEDURE

In order to expedite the process and to ensure consideration of clear improvement for all recipients, these guidelines are being broadened to allow application of this proviso before a denial is determined.

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David v.

For all redeterminations, the incapacity specialist should:

1. Proceed with Step I by making sure the current medical provides adequate information and is from an authorized source.

2. Compare the current medical information with the previous medical report(s) upon which the last incapacity approval period was based.

   a. Consider there is no improvement when all the following conditions are met:

      (1) All major diagnoses from most previous report (diagnoses rated "3" or above) are still present.

      (2) All severity ratings assigned by the provider (including global illness score) are the same or higher.

      (3) For physical cases, the exertional level assigned by the provider is the same or worse.

      (4) For mental cases, cognitive and social points add up to the same or higher overall score.

      (5) The vocational situation is unchanged (no vocational skills acquired, etc.).

   b. If the above conditions are met, double check previous PEP for possible error. (Most procedural errors occur at Step V or Step VII and include such things as incorrect math, use of wrong table, etc.)

3. Stop at Step I of the PEP when there is obviously no clear showing of material improvement and the previous decision appears correct. Approve incapacity as follows:

   a. Enter "no improvement" across Step I of the DSHS 14-235, PEP worksheet.

   b. Determine a duration for the new certification period based on the best available information.

   c. Complete the DSHS 14-118, Incapacity Decision, and forward to financial services.

   d. Use objective code "R" for SSPS Service Code 6006, and objective code "A" for Service Code 6010.

4. Continue through the PEP steps whenever comparison to the previous report(s) indicates possible improvement or error.

   a. If at any later step (for example, while working Step II or III), it becomes apparent that no substantive improvement has occurred:

      (1) Stop the process and enter "no improvement" at the applicable point on the DSHS 14-235.

      (2) Follow the instructions in 3 b, c, and d above.

   b. As long as possible substantive improvement or error is indicated, all necessary PEP steps should be completed in the same manner as for an initial determination.

5. Reconsider the termination proviso at the time of any PEP denial. Even where clear improvement is established, the individual must have improved sufficiently to be now capable of gainful employment.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-225
Issued: 07/09/85

FROM: DIVISION OF INCOME ASSISTANCE
Judith M. Merchant, Director

SECTIONS REVISED:
New

EFFECTIVE: IMMEDIATELY UPON RECEIPT OF INITIAL FORMS SUPPLY

FOR INFORMATION CALL:
Non-SCAN 753-7137
SCAN 234-7137

IF NOT DELIVERABLE RETURN TO: MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: NOTIFICATION REQUIREMENTS FOR GA-U AND AFDC-R INCAPACITY REDETERMINATIONS

Insert this notice as the first issuance for Manual G, Chapter 61, and note on the Green Notice Control Sheet the date Notice No. G-225 was entered. The main text to Chapter 61 will be issued within the next few months.

Manual G and Manual F are being revised to modify notification procedures to more fully comply with the terms of the 1982 Kelly v. Gibbs Consent Order.

BACKGROUND

According to the provisions of the Kelly v. Gibbs order, CSOs are required to:

1. Notify the client four to seven weeks prior to the end of the review month of the need for a current medical report.

2. Make a decision to approve or deny continued assistance within the advance notice period.

3. Provide the client with adequate and timely notice of this decision.

Existing Manual F and G references do not provide sufficient guidelines nor latitude to ensure that adequate and timely notice is given. CSOs have found the decision-making time frames too tight to operate effectively and

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David v.

clients have expressed concern that the "Notice of Planned Action" does not always provide a true picture of the circumstances surrounding their incapacity review. This is particularly true when the notice is sent because current medical evidence either has not been received or is inconclusive to determine incapacity.

A second problem arises when the client wishing to request a fair hearing is reluctant to do so within the advance notice period in order to continue assistance. Once clients learn that their "Notice of Planned Action" was sent because of inconclusive or no medical evidence, they will often delay requesting a fair hearing until they find out for certain what the final decision is after all medical information is in. In many cases, this means the client will request a fair hearing too late to have assistance continued.

FORMS

The following three forms have been redesigned to facilitate this revised process:

DSHS 14-217, NOTICE OF INFORMATION REQUIRED FOR INCAPACITY REVIEW

This form has been revised to clarify that failure to submit medical evidence will result in termination and to alert the recipient to the fact that another notice will be coming from the FST once an incapacity review has been done. It also offers assistance in gathering the evidence.

DSHS 14-39A, NOTICE OF PLANNED ACTION (INCAPACITY)

This form is a supplemental version of the DSHS 14-39, tailored specifically for incapacity notification requirements. It also contains revised fair hearing language on the back which emphasizes the need for the client to request a fair hearing within allotted time frames in order to have assistance continued.

DSHS 14-39B, SUPPLEMENTAL NOTICE OF PLANNED ACTION (INCAPACITY)

This form is sent after the DSHS 14-39A when a subsequent incapacity determination reconfirms the original termination action. This form reminds clients of their fair hearing rights, but does not allow them another chance to request continued assistance.

CSO PROCEDURE

The following procedural changes are effective upon receipt of initial forms supplies.

I. No Medical Received

A. Incapacity Specialist Responsibilities

1. Four to seven weeks prior to the end of the month in which an incapacity review is due, send a DSHS 14-217, Notice of Information Required for Incapacity Review, along with appropriate medical evaluation forms. This notice will instruct the client to submit medical information by the 10th of the review month.

2. Shortly after the 10th of each month, complete a DSHS 14-118, Incapacity Decision, for each case in which no current medical has been received.

a. This form will indicate that the client is denied due to "no current medical received."

b. The incapacity specialist will route the completed DSHS 14-118 directly to financial services. There is no need to route for IRT decision first.

3. If subsequent medical information is received after the above steps have been taken, the incapacity specialist is to follow the instructions in II. below.

B. FST Responsibilities

1. Upon receipt of the DSHS 14-118, notify the recipient by DSHS 14-39A that no current medical evidence has been received, and that the grant is therefore being terminated.

2. Convey this information simply by checking the first box on the form.

3. Do not transmit the DSHS 7-01, Certification and Computation of Grant, to terminate assistance as the recipient has until the effective date of the adverse action to comply.

II. Timely Medical Report Received

A. Incapacity Specialist/Incapacity Review Team Responsibilities

1. The incapacity specialist will continue to act upon all medical reports as soon as possible after they are received.

2. The IRT (the incapacity specialist in pilot offices) will review the current medical evidence along with all available medical information to determine if there is sufficient medical upon which to determine whether or not incapacity exists.

a. If sufficient medical evidence exists to make a decision, approve or deny incapacity based on that evidence. For denials, indicate on the DSHS 14-118 that medical evidence does not substantiate incapacity and include the specific reason for this conclusion.

i. Examples of some specific reasons might be:

- medical evidence indicates impairment is not severe enough to prevent gainful employment.

- capable of light work.

- capable of performing past work.

- incapacity not expected to last beyond current review month.

ii. If the decision to deny incapacity was based on other than clear improvement (i.e., mistake in previous determination), this must also be indicated.

iii. It is essential that the information provided on the DSHS 14-118 be comprehensive and worded in such a way that will assist financial services in transposing this information onto the DSHS 14-39A.

b. If inconclusive medical evidence exists to make a decision (the information is insufficient or needs further clarification from a provider or medical consultant), deny incapacity.

i. Notify financial services by DSHS 14-118 that the medical evidence is inconclusive. Note any additional information/instructions to be conveyed to the recipient via the Notice of Planned Action (Incapacity).

ii. Continue to work toward obtaining conclusive medical evidence upon which to determine incapacity. This may include making additional collateral contacts with providers, referring to the medical consultant, or otherwise assisting the client to obtain more complete information. Although eligibility ceases at the end of the review month unless new medical re-establishes incapacity, the incapacity specialist nevertheless retains an ongoing responsibility to assist the client in securing whatever additional information the department deems necessary. See WAC 388-37-040(4) for retroactive reinstatement criteria.

iii. Resubmit any newly acquired medical information to the IRT for another review.

B. FST Responsibilities

1. If incapacity is approved:

a. Resubmit form DSHS 7-01, Certification and Computation of Grant, to reflect new incapacity review date.

b. Send a DSHS 14-165, Financial Award Letter, specifying the date through which incapacity has been approved.

2. If incapacity is denied:

a. Complete DSHS 14-39A by checking second box for <u>inconclusive</u> medical evidence.

b. Complete DSHS 14-39A by checking third box when <u>sufficient</u> evidence does not substantiate incapacity. When third box is checked, the specific reason for denial should also be entered in the space provided. Also indicate whether denial was based on clear improvement or a mistake in the previous determination.

III. Untimely Medical Report Received

A. Incapacity Specialist/Incapacity Review Team Responsibilities

1. Review medical information and determine incapacity per instructions in II. A. above.

2. Notify FST of new decision, including need to retroactively reinstate if applicable.

B. FST Responsibilities

1. If approved, resubmit DSHS 7-01 and notify client.

2. If denied again, send form DSHS 14-39B, Supplemental Notice Regarding Termination (Incapacity), to reconfirm original decision to deny. State the specific reason for new denial in space indicated. No ten-day notification is necessary as the advance notice requirements were already met by the first DSHS 14-39A, Notice of Planned Action (Incapacity).

IV. A decision either to approve or deny must be made via DSHS 14-118 on all cases due for review each month. This decision must be received by financial services no later than the 18th of the month.

V. SSPS Coding

A. When the reason for denial of a redetermination is based on no or inconclusive medical, close service code 6006 using Item 34 termination code 1F and Item 38 objective code F for pilot offices and U for nonpilot offices.

B. When the reason for denial of a redetermination is based on a decision that incapacity no longer exists, close service code 6006 using Item 34 termination code 1F and Item 38 objective code B, G, H, or I (depending on specific circumstances) for pilot offices and U for nonpilot offices.

DSHS 14-39A(X) (6/85), NOTICE OF PLANNED ACTION (INCAPACITY)

NOTICE OF PLANNED ACTION (INCAPACITY)

LOCAL OFFICE	TELEPHONE
CASE NUMBER	DATE

.....

.....

.....

PLEASE SEE THE SECTION(S) CHECKED BELOW FOR IMPORTANT INFORMATION REGARDING YOUR ASSISTANCE. ALSO SEE IMPORTANT INFORMATION ON THE REVERSE SIDE OF THIS FORM.

IF YOU HAVE QUESTIONS ABOUT THIS ACTION, TELEPHONE ME AT THE NUMBER SHOWN AT THE TOP RIGHT.

YOU HAVE BEEN RECEIVING ASSISTANCE BECAUSE YOU WERE FOUND TO BE INCAPACITATED FROM GAINFUL EMPLOYMENT. THE PURPOSE OF THIS NOTICE IS TO INFORM YOU THAT YOUR FINANCIAL AND MEDICAL ASSISTANCE WILL BE TERMINATED EFFECTIVE _____

THE REASON FOR THIS ACTION IS:

☐ We have not received a response to our request for current medical information. Because any further award of assistance must be based in part on current medical evidence, we cannot establish that your incapacity continues to exist. (WAC 388-37-032(4), 388-24-065)

☐ The medical evidence we have received so far is inconclusive. It does not adequately inform us whether or not you are still incapacited. Therefore, as of this date, we cannot establish that your incapacity continues to exist. (WAC 388-37-032(4), 388-24-065)

☐ Based on our consideration of current medical evidence along with previously submitted medical information, we conclude that you are no longer incapacitated. (WAC 388-37-035, 388-24-065) The specific reason for this conclusion is as follows:

_____

_____

In addition, one of the findings checked below was made in your case:

☐ The medical information establishes that there has been clear improvement in your case since the determination of incapacity.

☐ The medical information establishes that there was an error in the prior determination of incapacity.

ADDITIONAL INFORMATION ABOUT YOUR CASE:

_____

_____

_____

YOUR FOOD STAMPS WILL BE:

☐ CONTINUED WITH NO CHANGES.

☐ TERMINATED, EFFECTIVE _____.

☐ CHANGED, EFFECTIVE _____ PRESENT ALLOTMENT $_____ PROPOSED ALLOTMENT $_____

DSHS 14-39A(X) (6/85) DX A-212

_____ FST

SEE IMPORTANT INFORMATION ON REVERSE SIDE REGARDING YOUR FAIR HEARING RIGHTS

DSHS 14-39A(X) (6/85), NOTICE OF PLANNED ACTION (INCAPACITY) (cont.)

YOU HAVE THE RIGHT TO REQUEST A HEARING IF YOU FEEL THIS ACTION IS INCORRECT. YOU MAY DO SO BY WRITING WITHIN NINETY (90) DAYS OF THE DATE YOU RECEIVE THIS LETTER TO THE OFFICE OF HEARINGS, DEPARTMENT OF SOCIAL AND HEALTH SERVICES, P.O. BOX 2465, OLYMPIA, WASHINGTON 98504.

IMPORTANT: IF YOU WISH TO CONTINUE TO RECEIVE ASSISTANCE WHILE THE FAIR HEARING IS PENDING, YOU MUST REQUEST THE FAIR HEARING NO LATER THAN THE EFFECTIVE DATE OF TERMINATION AS INDICATED ON THE FRONT PAGE. This is necessary even if you submit additional medical evidence and we give further consideration to your case. In the event that the fair hearing decision upholds the termination action, the amount of any continued assistance paid to you will become an overpayment and a debt owed to the state. If you do NOT wish your assistance continued under these circumstances, you must note this fact in your fair hearing request.

At a hearing, you have the right to be represented by an attorney or any other person of your choosing. You may be able to obtain free legal advice and representation by contacting an office of legal services.

For more information regarding the hearing process please refer to the fair hearing pamphlet given you at the time of your application, or contact your financial worker.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

DSHS 14-39B(X) (6/85), SUPPLEMENTAL NOTICE OF PLANNED ACTION (INCAPACITY)

SUPPLEMENTAL NOTICE OF PLANNED ACTION (INCAPACITY)

LOCAL OFFICE	TELEPHONE
CASE NUMBER	DATE

.....

.....

.....

Dear_____:

On _____ we sent you notice that your assistance was being terminated effective _____. Since then, we have given further consideration to your case, including any additional medical reports that were submitted. This is to confirm our original decision that you are no longer incapacitated and that your assistance is being terminated according to the terms of the prior notice. The specific reason for this conclusion is as follows: _____

_____

_____

You are reminded that you may request a fair hearing to dispute the termination of your assistance. This request must be made no more than 90 days from the date of the prior notice of termination mentioned above.

_____
FS:

DSHS 14-39B(X) (6-85) Or. A 242

DSHS 14-217(X) (Rev. 6/85), NOTICE OF INFORMATION REQUIRED FOR INCAPACITY REVIEW

NOTICE OF INFORMATION REQUIRED FOR INCAPACITY REVIEW

CSO Address _____

_____

Date _____
Case # _____

_____

_____

_____

You have been authorized financial assistance based on a decision that you are incapacitated from gainful employment. That decision established your incapacity to exist through _____.

If you believe you will be incapacitated past the above date and are eligible for continued financial assistance, you must submit to me a current medical report from a physician or qualified health professional on or before _____. Your failure to do so will cause your financial assistance to be terminated because we will not know if you are still incapacitated.

After we have received the medical report, a decision will be made whether your incapacity continues to exist. Your financial worker will mail you a notice of that decision at least ten days before your current eligibility period is due to end.

The following medical information must be submitted for a review of your case.

_____

_____

_____

If you require assistance in gathering this medical information or have any questions about your case, you may call me at the phone number below.

_____
INCAPACITY SPECIALIST

_____
PHONE

Orig — Client
Copy 1 — Server — File

DSHS 14-217(X) (Rev. 6/85) OX A-58

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-234
ISSUED: 10/24/85

FROM: DIVISION OF INCOME ASSISTANCE
Judith M. Merchant, Director

SECTIONS REVISED:
New

EFFECTIVE: 11/01/85
FOR INFORMATION CALL:
Val Ivey
SCAN 234-7393
Non-SCAN 753-7393

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: PAYMENT PROCESS FOR INCAPACITY EXAMINATIONS

Place this notice in the front of the Manual G, Chapter 61, and note on the Green Notice Control Sheet the date Notice No. G-234 was entered.

Effective November 1, 1985, the DSHS 6-109(X) Medical Services Invoice Voucher will no longer be used for payment of incapacity examinations for the General Assistance - Unemployable (GA-U) program or the Aid to Families with Dependent Children - Regular (AFDC-R) program. In its place incapacity specialists will use the DSHS 14-154(X) Social Services Authorization or the DSHS 14-159 Change of Service Authorization. The SSPS code germane to this service is SSPS6008 which is a one-time invoice payment code [see SSPS Manual 20.15(B)]. For information regarding provider numbers and action requests, please see SSPS Manual 40.00.

The only part of the incapacity medical examination and documentation process to change will be the payment document itself. Usage of the medical evidence request form and other accompanying forms remain essentially the same. However, until the DSHS 14-150(X) is revised, CSOs should line through the payment portion of this form. A provider letter is attached for CSOs to copy and insert with the Medical Evidence Request Form, evaluation form, and DSHS 14-154(X).

Incapacity specialists will retain CPT codes in the service record as they cannot be transmitted on the DSHS 14-154(X) or DSHS 14-159. CPT codes should also be written in the special instructions section of the DSHS 14-154(X) or DSHS 14-159. Incapacity specialists can also write the specific medical service authorized in item #35 of the DSHS 14-154(X); however, the DSHS 14-159 will only indicate in Item #35 "IC Medical Services" as the nomenclature is generated by the service code number.

The schedule for medical service rates are found in the Incapacity Handbook, pages 62 and 63. For services not identified in the Incapacity Handbook but necessary for diagnosis, please consult the Schedule of Maximum Allowances and Program Descriptions (Red Book) from the Division of Medical Assistance. To figure the maximum allowable procedure code fee, multiply unit value for each service times the conversion factor. Conversion factors vary by CPT code.

When necessary, enter these special diagnostic examination CPT codes in the special instructions section of the DSHS 14-154(X) or DSHS 14-159. In Item #37, use the appropriate reason code A through N as a categorically related heading. For example, if the special diagnostic examination is a CAT scan without contrast materials, enter reason code L in item #37, with CPT code 70450 (page 330 of the Red Book) in the special instructions section and explain special circumstance on DSHS 2-305(X) Service Episode Record. Another example would be laboratory services: Enter reason code "K" in item #37 and the correct CPT code in the special instructions section of the DSHS 14-154(X) or DSHS 14-159 (please see attached DSHS 14-154(X) as an example). If the specific test was a urinalysis, the CPT code entered would be 81000 (page 370 of the Red Book).

If necessary, incapacity specialists may contact their Area Medical Unit (AMU) for assistance with CPT codes and specific cost-related questions.

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington 98504

October 17, 1985

Dear Provider:

The Department of Social and Health Services is implementing a new medical vendor payment process to pay for incapacity examinations. This new process will replace the former system [form A-19 or DSHS 6-109(X)] which has been in effect for many years.

The new process is known as the Social Services Payment System (SSPS). Basically, SSPS is an automated invoice voucher system. This new system is put in motion by the Incapacity Specialist at the Community Services Office (CSO) requesting medical and/or psychological information necessary to determine degree of incapacity. Either a Service Authorization, form DSHS 14-154(X), or the Change of Service Authorization, form DSHS 14-159 will be used to identify the applicant, the medical services provider, and the specified services covered. No payment will be made without one of these authorization forms although telephone authorizations between the medical provider and the incapacity specialist will continue. As before, all requests for further tests and examinations must be approved prior to service provision.

Please complete the authorized services on the appropriate evaluation form. Return the document to the referring Incapacity Specialist.

You will receive a computer generated invoice (DSHS 8-141) about mid month or the last day of the month following receipt of the evaluation. After the invoice has been validated, signed, and returned to the department, payment will be made.

Should you have questions regarding this process, please contact the referring Incapacity Specialist at the CSO.

Thank you for your cooperation and assistance with this innovative payment system.

Sincerely,

Judith M. Merchant

Judith M. Merchant, Director
Division of Income Assistance

JMM:VI:tk

DEPARTMENT OF SOCIAL & HEALTH SERVICES

SOCIAL SERVICES AUTHORIZATION

AUTHORIZATION NUMBER	CASE NUMBER
2 241364	2 2 4 1 2 3 4 5 6 7

AUTHORIZING AGENCY	RU NO.	WORKER NO.
4 Rockport CSO	5 220	6 12GY54

TO BE PROVIDED BY	PROVIDER NO.	WARRANT TO BE ISSUED TO:	PROVIDER NO.
7 Pickens, John MD	8 987654	12	13
9 123 Elm st.		14	
10 Rockport, Wa	ZIP CODE 11 99999	15	ZIP CODE 16

PRIMARY RECIPIENT'S NAME (LAST - FIRST - MIDDLE INITIAL)	DATE OF BIRTH MO DAY YR.	SOCIAL SECURITY NUMBER	GOAL		AFFIRM. ACTION	SOURCE OF REF
17 Derf Fred D	18 1 4 46	19 1 2 3 4 5 6 7 8 9	20 1	21	22 5	23 7

YOU ARE AUTHORIZED TO PROVIDE THE SERVICE SPECIFIED TO THE FOLLOWING RECIPIENTS.

ELIGIBILITY STOPS ON THIS DATE: ELIG. END DATE 24 12 31 85 — ELIG. CODE 25 11

1.

NAME (LAST - FIRST - MIDDLE INITIAL)	DATE OF BIRTH MO DAY YR	TIE BRKR	AFFIRM ACTION	SPEC. PROG. AREA	SOURCE	BEGIN DATE MO. DAY YR.	END DATE MO. DAY YR.
26 Same	27	28	29	30A AC 30B 82 30C	31 5	32 1 01 85	33 1 1 30 85

SERVICE NAME	SERVICE CODE	REASON	OBJ	HRS/DAY	DA/WK	RATE/UNIT	# UNITS	AUTH. AMOUNT
35 Lab Test	36 6008	37 K	38 A	39	40	41 4.46/Ea	42 1	43 4.46

2.

NAME (LAST - FIRST - MIDDLE INITIAL)	DATE OF BIRTH MO. DAY YR.	TIE BRKR	AFFIRM ACTION	SPEC. PROG. AREA	SOURCE	BEGIN DATE MO. DAY YR.	END DATE MO. DAY YR.
26	27	28	29	30A 30B 30C	31	32	33

SERVICE NAME	SERVICE CODE	REASON	OBJ	HRS/DAY	DA/WK	RATE/UNIT	# UNITS	AUTH. AMOUNT
35	36	37	38	39	40	41 /	42	43

3.

NAME (LAST - FIRST - MIDDLE INITIAL)	DATE OF BIRTH MO DAY YR	TIE BRKR	AFFIRM ACTION	SPEC. PROG. AREA	SOURCE	BEGIN DATE MO. DAY YR.	END DATE MO. DAY YR
26	27	28	29	30A 30B 30C	31	32	33

SERVICE NAME	SERVICE CODE	REASON	OBJ	HRS/DAY	DA/WK	RATE/UNIT	# UNITS	AUTH. AMOUNT
35	36	37	38	39	40	41 /	42	43

4.

NAME (LAST - FIRST - MIDDLE INITIAL)	DATE OF BIRTH MO DAY YR	TIE BRKR	AFFIRM ACTION	SPEC. PROG. AREA	SOURCE	BEGIN DATE MO. DAY YR.	END DATE MO. DAY YR
26	27	28	29	30A 30B 30C	31	32	33

SERVICE NAME	SERVICE CODE	REASON	OBJ	HRS/DAY	DA/WK	RATE/UNIT	# UNITS	AUTH. AMOUNT
35	36	37	38	39	40	41 /	42	43

SAMPLE

SPECIAL INSTRUCTIONS

☐ START / ☐ STOP OASI WITHHOLDING FOR THIS SERVICE

CPT. code 81000

unit value .59 X $7.56 conversion factor = $4.46
(This equals the maximum allowable fee)

WORKER'S SIGNATURE	TELEPHONE NUMBER	DATE SERVICE REQUESTED	DATE FORM COMPLETED	DATE SERVICE AUTHORIZED
Amy Caseworker	234-8989	11-1-85	11-1-85	11-1-85

DSHS 14-154 (X) REV. 9-1-80 IMPORTANT INSTRUCTIONS CONTAINED ON BACK OF THIS FORM
VENDOR COPY