12.3 PROCESS FOR DETERMINING DISABILITY, INCAPACITY AND BLINDNESS

A. GENERAL REQUIREMENTS

NOTE: The determination of disability, incapacity or blindness for **AFDC Medicaid and AFDC-** and SSI-Related Medicaid applicants must not be delayed to determine if the client will meet his spenddown. The establishment of disability, incapacity or blindness and meeting a spenddown requirement are both eligibility factors and both must be pursued simultaneously. If the application is denied in **RAPIDS for a reason other than failure to meet a spenddown** prior to a MRT decision, the **Worker must** notify MRT of the denial. MRT will stop consideration of the case and return all information to the Worker. **If** the Worker determines that the client is ineligible **for** any other reason prior to the MRT decision, the application is denied, and the Worker must notify MRT to stop consideration of the **application. This does not apply when the only reason for denial is failure to meet a spenddown.**

The following steps are necessary in the process of determining incapacity, disability and blindness. These steps do not apply to the determination of disability for Food Stamp **benefit** policies. **See Section 12.15.**

- Accept the application.
- Prepare the Social Summary, using form **DFA**-RT-1**, completing it in RAPIDS, unless not available**
- Obtain initial medical reports
- Evaluate for presumptive approval and/or referral to MRT
- Obtain additional medical reports when indicated
- Re-evaluate for presumptive approval
- Re-referral to MRT
- MRT decision
- Disposition

NOTE: Should the Worker determine that the client is ineligible at any time during this process, he denies the application and immediately notifies MRT. **This does not apply when the only reason for denial is failure to meet a spenddown.**

B. SSI-RELATED DISABILITY PROCESSING REQUIREMENTS

1. Target Time Frames

Target time periods have been established to assure that SSI-Related disability cases are processed within the 90-day processing time limit, except when the delay is beyond the Department's control.

REQUIRED ACTION	TIME LIMIT
Interview client and request medical records and reports	By the 7th calendar day after application
Follow-up request(s) for medical records or reports	By 30 days after initial request (and each 30 days thereafter)
Submission to MRT	By 7 days after medical records/ reports received
Receipt of file and logged	By 2 days after receipt by MRT
Initial review by MRT staff	By 7th day after receipt
Physician review (initial)	By 14th day after receipt
Additional medical information requested (if required) by physician	By 7th day after initial physician review
Physician's final review	By 7th day after receipt of additional medical information
Final decision (completion of ES-RT-3 **and/or DFA-RT-3M form(s)**	By 7th day after final physicians review
File returned to county office	By 3rd day after final physicians review
Notice to the client	By 7th day after receipt of final decision at county office

NOTE: The 90-day processing time limit concludes with the mailing of the client notification, not data system action.

2. **DFA**-20

Disability cases which have been pending longer than 90 days must receive an **DFA**-20 by the 100th day stating the reason for the delay.

A copy of the **DFA**-20 must be filed in the case record **if not issued out of RAPIDS**.

3. Holcomb Log Sheet

As a result of Holcomb v. Lewis, the processing of SSI-related disability applications was tracked using the Holcomb Log Sheet.

Effective October 1, 1995, the Holcomb Log Sheet is no longer required by the court order. Its use is optional.

C. INCAPACITY FOR WV WORKS

A determination of incapacity is not made to determine if a child(ren) is deprived of parental support and care. For WV WORKS purposes, it is made only to determine if an individual may be temporarily exempt from participating in work activities.

NOTE: There are no permanent exemptions due to incapacity.

The decision is made by the Worker and/or Supervisor, at the discretion of the Community Services Manager or the Medical Review team, depending on the length of the expected incapacity. If the incapacity is obvious and not expected to continue for an extended period, no medical verification is required but the Worker must record his findings and justify the exemption. For any period of disability or incapacity that is expected to continue for over a six month period, the case must be submitted to the Medical Review Team for evaluation.

If the incapacity is not obvious, verification must be provided from a physician, licensed or certified psychologist, surgeon, doctor of osteopathy, or other medically-qualified individual. The verification must include an estimate of the duration of the incapacity. The medical practitioner is not required to state that the individual must be exempt from participation and for how long. The Worker and/or Supervisor make this decision, based on medical records submitted and any necessary follow-up contact, but the period must not last longer than six months. If the exemption is expected to be longer than a six month period, the case is referred to MRT.

The medical condition must be **re-evaluated** according to the statement of the medical practitioner or as determined by MRT. However, each individual who is temporarily exempt must have a medical **re-evaluation** at least once every 12 months. During the time that the individual is unable to participate in work activities, he must be referred to other potential resources, such as SSA and DRS. Such referrals and follow-up must be added to the PRC as appropriate.