## **Determining Disability, Incapacity and Blindness**

**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 <u>Holcomb v. Lewis</u>, 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

For WV WORKS purposes, a determination of incapacity must be made to determine if an individual may have good cause for failure to participate in countable activities.

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 **his decision**. For any period of disability or incapacity that is expected to continue for over a 6 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 **excused** from participation. 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 6 months. If the **incapacity** is expected to be longer than a 6 month period, the case **must** be referred to MRT.

### **Determining Disability, Incapacity and Blindness**

The medical condition must be re-evaluated according to the statement of the medical practitioner or as determined by MRT. However, each individual who has good cause for failure to participate in countable activities must have documentation of a medical re-evaluation at least once quarterly. During the time that the individual is unable to participate in work activities, he must be referred to other potential resources, such as SSA, Legal Aid, and DRS. Such referrals and follow-up must be added to the PRC as appropriate.