Chapter 388-449 WAC
AGED, BLIND, OR DISABLED

WAC 388-449-0001 What are the disability requirements for the aged, blind, or disabled (ABD) program?

(1) For the purposes of this chapter, the following definitions apply:

(a) "We" and "us" refer to the department of social and health services.

(b) "You" means the applicant or recipient.

(c) "Disabled" means the inability to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment(s) which has lasted or can be expected to last for a continuous period of not less than twelve months with available treatment or result in death.

(d) "Physical impairment" means a diagnosable physical illness.

(e) "Mental impairment" means a diagnosable mental disorder. We exclude any diagnosis of or related to alcohol or drug abuse or addiction.

(2) We determine if you are likely to be disabled when:

(a) You apply for ABD cash benefits;

(b) You become employed;

(c) You obtain work skills by completing a training program;

(d) We receive new information that indicates you may be employable.

(3) We determine you are likely to be disabled if:

(a) You are determined to meet SSA disability criteria by the Social Security Administration (SSA);

(b) You are determined to meet SSA disability criteria by disability determination services (DDDS) based on the most recent DDDS determination;

(c) The Social Security Administration (SSA) stops your supplemental security income (SSI) payments solely because you are not a citizen;

(d) You are eligible for long-term care services from aging and long-term support administration for a medical condition that is expected to last twelve months or more or result in death; or

(e) You are approved through the sequential evaluation process (SEP) defined in WAC 388-449-0005 through 388-449-0100. The SEP is the sequence of five steps. Step 1 considers whether you are currently working. Steps 2 and 3 consider medical evidence and whether you are likely to meet or equal a listed impairment under Social Security's rules. Steps 4 and 5 consider your residual functional capacity and vocational factors such as age, education, and work experience in order to determine your ability to do your past work or other work.

(4) If you have a physical or mental impairment and you are impaired by alcohol or drug addiction and do not meet the other disability criteria in subsection (2)(a) through (d) above, we decide if you are eligible for ABD cash by applying the sequential evaluation process described in WAC 388-449-0005 through 388-449-0100. You aren't eligible for ABD cash benefits if you are disabled primarily because of alcoholism or drug addiction.

(5) In determining disability, we consider only your ability to perform basic work-related activities. "Basic work-related activities" are activities that anyone would be required to perform in a work setting. They consist of: Sitting, standing, walking, lifting, carrying, handling, and other physical functions (including manipulative or postural functions such as pushing, pulling, reaching, handling, stooping, or crouching), seeing, hearing, communicating, remembering, understanding and following instructions, responding appropriately to supervisors and coworkers, tolerating the pressures of a work setting, maintaining appropriate behavior, and adapting to changes in a routine work setting.

(6) We determine you are not likely to meet SSI disability criteria if SSA denied your application for SSI or Social Security Disability Insurance (SSDI) based on disability in the last twelve months unless:

(a) You file a timely appeal with SSA;
(b) SSA decides you have good cause for a late appeal; or
(c) You give us medical evidence of a potentially disabling condition that SSA did not consider or medical evidence confirming your condition has deteriorated.

[Statutory Authority: 2014 c 218, 2011 1st sp.s. c 15, RCW 74.04.005, 74.04.050, 74.04.055, 74.04.057, 74.08.090, 74.08A.100, 74.04.770, 74.06.030, 41.05.021, 74.09.035, and 74.09.530. WSR 15-03-031, § 388-449-001, filed 1/12/15, effective 2/12/15. Statutory Authority: RCW 74.04.005, 74.04.050, 74.04.055, 74.04.057, 74.08.090, 74.08A.100, 74.04.770, 74.62.030, and 2013 2nd sp.s. c 10. WSR 13-24-040, § 388-449-001, filed 11/26/13, effective 1/1/14. Statutory Authority: RCW 74.04.005, 74.04.050, 74.04.055, 74.04.057, 74.04.510, 74.08.090, 74.08A.100, 74.04.770, 74.04.0052, 74.04.655, 74.08.043, 74.08.335, and 2011 1st sp.s. c 36. WSR 12-10-042, § 388-449-0001, filed 4/27/12, effective 6/1/12.]

WAC 388-449-0005 Sequential evaluation process step 1—How does the department determine if you are performing substantial gainful employment? We deny disability if you are engaging in substantial gainful activity (SGA) when you apply for aged, blind, or disabled (ABD) benefits. "Substantial gainful activity" means you are performing, in a regular and predictable manner, an activity usually done for pay or profit.

(1) You must be earning less than the SGA standard as defined by the Social Security Administration (SSA) to be eligible for ABD cash, unless:
(a) You work under special conditions that go beyond the employer providing reasonable accommodation, such as a sheltered workshop; or
(b) You provide evidence you work occasionally or part-time because your impairment limits the hours you are able to work compared to unimpaired workers in the same job.

[Statutory Authority: RCW 74.04.005, 74.04.050, 74.04.055, 74.04.057, 74.04.510, 74.08.090, 74.08A.100, 74.04.770, 74.04.0052, 74.04.655, 74.08.043, 74.08.335, and 2011 1st sp.s. c 36. WSR 12-10-042, § 388-449-0001, filed 4/27/12, effective 6/1/12.]

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

(1) For a physical impairment, a health professional licensed in Washington State or where the examination was performed:
(a) A physician, which includes:
(i) Medical doctor (M.D.);
(ii) Doctor of osteopathy (D.O.);
(iii) Doctor of optometry (O.D.) for visual disorders;
(iv) Doctor of podiatry (D.P.) for foot disorders; and
(v) Qualified speech-language pathologists, for purposes of establishing speech or language impairments only.
(2) For a mental impairment, professionals licensed in Washington State or where the examination was performed:
(a) A psychiatrist;
(b) A psychologist.
(3) We accept medical evidence of how your impairment(s) affect your ability to function from "treating medical sources" once a diagnosis of a medically determinable impairment has been established by an "acceptable medical source" listed in (1) and (2) above, "treating medical sources" include:

(a) All medical professionals listed in (1) and (2) above;
(b) A physician treating you for a mental impairment;
(c) A physician's assistant for physical impairments; and
(d) An advanced nurse practitioner for conditions within their certification.

(4) "Other evidence" means information from other sources not listed in subsection (1), (2), or (3) of this section who can provide supporting documentation of functioning for impairments established by acceptable medical sources in subsections (1) or (2) of this section. Sources of "other evidence" include public and private agencies, schools, parents, caregivers, employers, and practitioners such as social workers, mental health professionals, naturopaths, chiropractors, physical therapists, and audiologists.

[Statutory Authority: RCW 74.04.005, 74.04.050, 74.04.055, 74.04.057, 74.04.510, 74.08.090, 74.08A.100, 74.04.770, 74.04.0052, 74.04.655, 74.08.043, 74.08.335, and 2011 1st sp.s. c 36. WSR 12-10-042, § 388-449-0010, filed 4/27/12, effective 6/1/12.]

WAC 388-449-0015 What medical evidence do I need to provide? You must give us medical evidence of your impairment(s) and how they affect your ability to perform regular and continuous work activity. Medical evidence must be in writing and be clear, objective, and complete.

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

(2) Objective evidence for mental impairments means:
(a) Clinical interview observations, including objective mental status exam results and interpretation.
(b) Explanation of how examination findings meet the clinical and diagnostic criteria of the most recent edition of the diagnostic and statistical manual of mental disorders (DSM).
(c) Hospital, outpatient and other treatment records related to your current impairments.
(d) Testing results, if any, including:
(i) Description and interpretation of tests of memory, concentration, cognition or intelligence; or
(ii) Interpretation of medical tests to identify or exclude a connection between the mental impairment and physical illness.

(3) Medical evidence sufficient for a disability determination must be from a medical professional described in WAC 388-449-0010 and must include:
(a) A diagnosis for the impairment, or impairments, based on an examination performed by an acceptable medical source defined in WAC 388-449-0010 within five years of application;
(b) A clear description of how the impairment relates to your ability to perform the work-related activities listed in WAC 388-449-0005;
WAC 388-449-0010 Functioning means your ability to perform work related activities; and

(e) A written statement from a medical professional (defined in WAC 388-449-0010) describing what you are capable of doing despite your impairment (medical source statement) based on an examination performed within ninety days of the date of application or forty-five days before the month of disability review.

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

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

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

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

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

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

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

WAC 388-449-0020 How does the department evaluate functional capacity for mental health impairments? If you have a physical impairment, we evaluate your ability to work based on objective medical evidence from a medical professional as described in WAC 388-449-0010. We may also use other evidence as described in WAC 388-449-0010.

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.

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 as posted on the Occupational Information Network (O*NET).

<table>
<thead>
<tr>
<th>Exertion Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedentary</td>
<td>Lift ten pounds maximum and frequently lift or carry lightweight articles. Walking or standing only for brief periods.</td>
</tr>
<tr>
<td>Light</td>
<td>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.</td>
</tr>
<tr>
<td>Medium</td>
<td>Lift fifty pounds maximum and frequently lift or carry up to twenty-five pounds.</td>
</tr>
<tr>
<td>Heavy</td>
<td>Lift one hundred pounds maximum and frequently lift or carry up to fifty pounds.</td>
</tr>
</tbody>
</table>

If you are able to:

(a) Lift ten pounds maximum and frequently lift or carry lightweight articles. Walking or standing only for brief periods.

(b) 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.

(c) Lift fifty pounds maximum and frequently lift or carry up to twenty-five pounds.

(d) Lift one hundred pounds maximum and frequently lift or carry up to fifty pounds.

WAC 388-449-0030 How does the department evaluate functional capacity for physical impairments? If you have a physical impairment, we evaluate your ability to work based on objective medical evidence from a medical professional as described in WAC 388-449-0010. We may also use other evidence as described in WAC 388-449-0010.

1) We evaluate cognitive and social functioning by assessing your ability to:

(a) Understand, remember, and persist in tasks by following very short and simple instructions.

(b) Understand, remember, and persist in tasks by following detailed instructions.

(c) Perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances without special supervision.
(2) "Exertional 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. We consider any exertional limitations when we determine 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 severity of the physical impairment(s) is moderate, marked, or severe. We determine functional physical capacity based on your exertional and nonexertional limitations. All limitations must be substantiated the medical evidence and directly related to the diagnosed impairment(s).

(4) "Nonexertional physical limitation" means a restriction on work activities that does not affect strength, mobility, agility, or flexibility. Nonexertional restrictions may include, among other things, your inability to work at heights or in an area where you would be exposed to chemicals.

(5) "Functional limitations" means a restriction on work activities related to unrelieved pain or the effects of prescribed medication. We determine your functional limitations based on objective documentation from a medical professional as described in WAC 388-449-0010. We may also use other evidence as described in WAC 388-449-0010. We evaluate functioning by assessing your ability to:

(a) Perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances.
(b) Perform routine tasks without undue supervision.
(c) Make simple work-related decisions.
(d) Be aware of normal hazards and take appropriate precautions.
(e) Ask simple questions or request assistance.
(f) Maintain appropriate behavior in a work setting.

WAC 388-449-0035 How does the department assign severity ratings to my impairment? (1) "Severity rating" is a rating of the extent of your impairment and how it impacts your ability to perform basic work activities. The following chart provides a description of limitations on work activities and the severity ratings assigned to each.

<table>
<thead>
<tr>
<th>Effect on Work Activities</th>
<th>Degree of Impairment</th>
<th>Numerical Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) There is no effect on your performance of one or more basic work-related activities.</td>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>(b) There is no significant limit on your performance of one or more basic work-related activities.</td>
<td>Mild</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effect on Work Activities</th>
<th>Degree of Impairment</th>
<th>Numerical Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(c) There are significant limits on your performance of one or more basic work-related activities.</td>
<td>Moderate</td>
<td>3</td>
</tr>
<tr>
<td>(d) There are very significant limits on your performance of one or more basic work-related activities.</td>
<td>Marked</td>
<td>4</td>
</tr>
<tr>
<td>(e) You are unable to perform basic work-related activities.</td>
<td>Severe</td>
<td>5</td>
</tr>
</tbody>
</table>

We use the description of how your condition impairs your ability to perform work activities given by the acceptable medical source or your treating provider, and review other evidence you provide, to establish severity ratings when the impairments are supported by, and consistent with, the objective medical evidence.

(3) A contracted doctor reviews your medical evidence and the ratings assigned to your impairment when:

(a) The medical evidence indicates functional limitations consistent with at least a moderate physical or mental health impairment;
(b) Your impairment has lasted or is expected to last, twelve months or more with available medical treatment; and
(c) You are not an active ABD recipient previously determined likely to be disabled as defined in WAC 388-449-0010 through 388-449-0100.

(4) The contracted doctor reviews your medical evidence, severity rating, and functional assessment to determine whether:

(a) The medical evidence is objective and sufficient to support the findings of the provider;
(b) The description of the impairment(s) is supported by the medical evidence; and
(c) The severity rating, duration, and assessment of functional limitations assigned by DSHS are consistent with the medical evidence.

(5) If the medical provider’s description of your impairment(s) is not consistent with the objective evidence, we will:

(a) Assign a severity rating, duration, and functional limitations consistent with the objective medical evidence; and
(b) Clearly describe why we rejected the medical evidence provider’s opinion; and
(c) Identify the medical evidence used to make the determination.
WAC 388-449-0040 How does the department determine the severity of mental impairments? If you are diagnosed with a mental impairment by an acceptable medical source described in WAC 388-449-0010, we use information from medical sources described in WAC 388-449-0010 to determine how the impairment 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, and other evidence, that show how your impairment affects your ability to perform basic work-related activities.

2. We exclude diagnosis and symptoms related to alcohol or substance abuse or addiction, if we have evidence substance use is material to your impairment.

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:

<table>
<thead>
<tr>
<th>Intelligence Quotient (IQ) Score</th>
<th>Severity Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>85 or above</td>
<td>None (1)</td>
</tr>
<tr>
<td>71 to 84</td>
<td>Moderate (3)</td>
</tr>
<tr>
<td>60 to 70</td>
<td>Marked (4)</td>
</tr>
<tr>
<td>59 or lower</td>
<td>Severe (5)</td>
</tr>
</tbody>
</table>

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:
   (a) Short term memory impairment;
   (b) Perceptual or thinking disturbances;
   (c) Disorientation to time and place; or
   (d) Labile, shallow, or coarse affect.

5. We base the severity of an impairment diagnosed as a mood, thought, personality, anxiety, memory, or cognitive disorder on a clinical assessment of the intensity and frequency of symptoms that:
   (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 most recent published edition of the Diagnostic and Statistical Manual of Mental Disorders.

6. We consider the combined effect of your symptoms on your ability to perform basic work activities. We determine the severity rating for a functional mental impairment as follows:

<table>
<thead>
<tr>
<th>Symptom Ratings or Condition</th>
<th>Severity Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) The clinical findings and objective evidence are consistent with a significant limitation on performing one or more basic work activities.</td>
<td>Moderate (3)</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Severity Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Two or more disorders with moderate severity (3) ratings; or</td>
<td>Marked (4)</td>
</tr>
<tr>
<td>(b) One or more disorders rated moderate severity (3), and one rated marked severity (4).</td>
<td></td>
</tr>
<tr>
<td>(c) Two or more disorders rated marked severity (4).</td>
<td>Severe (5)</td>
</tr>
</tbody>
</table>

WAC 388-449-0045 How does the department determine the severity of physical impairments? We must decide if your physical impairment is serious enough to significantly limit your ability to perform substantial gainful activity. "Severity of a physical impairment" means the degree that an impairment restricts you from performing basic work-related activities (see WAC 388-449-0005). Severity ratings range from none to severe. We will assign severity ratings according to the table in WAC 388-449-0035.

We assign to each physical impairment a severity rating that is supported by medical evidence.

WAC 388-449-0050 How does the department determine the severity of multiple impairments? (1) If you have more than one impairment, we decide the overall severity rating by determining if your impairments have a combined effect on your ability to be gainfully employed.
(2) When you have two or more diagnosed impairments that limit work activities, we assign an overall severity rating as follows:

<table>
<thead>
<tr>
<th>Your Condition</th>
<th>Severity Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) All impairments are mild and there is no cumulative effect on basic work activities.</td>
<td>Mild</td>
</tr>
<tr>
<td>(ii) All impairments are mild and there is a significant cumulative effect on one or more basic work activities.</td>
<td>Moderate</td>
</tr>
<tr>
<td>(iii) Two or more impairments are of moderate severity and there is a very significant cumulative effect on basic work activities.</td>
<td>Marked</td>
</tr>
<tr>
<td>(iv) Two are more impairments are of marked severity.</td>
<td>Severe</td>
</tr>
</tbody>
</table>

[Statutory Authority: RCW 74.04.005, 74.04.050, 74.04.055, 74.04.057, 74.04.510, 74.04.515, 74.05.21, 74.09.035, and 74.09.530. WSR 12-10-042, § 388-449-0090, filed 4/27/12, effective 6/1/12.]

WAC 388-449-0060 Sequential evaluation process step II—How does the department review medical evidence to determine if I am eligible for benefits? When we receive your medical evidence, we review it to determine if it is sufficient to decide whether your circumstances meet disability requirements.

(1) We require written medical evidence to determine disability. The medical evidence must:

(a) Contain sufficient information as described under WAC 388-449-0015;

(b) Be written by an acceptable medical source or treating provider described in WAC 388-449-0010;

(c) Document the existence of a potentially disabling condition by an acceptable medical source described in WAC 388-449-0010; and

(d) Document the impairment has lasted or is expected to last twelve continuous months or more with available treatment, or result in death.

(2) If the information received isn't clear, we may require more information before we determine whether you meet ABD disability requirements. As examples, we may require you to get more medical tests or be examined by a medical specialist.

(3) We deny disability if:

(a) We don't have evidence that your impairment is of at least moderate severity as defined in WAC 388-449-0035, 388-449-0040, 388-449-0045, or 388-449-0050;

(b) Your impairment hasn't lasted or isn't expected to last twelve or more months with available treatment or result in death; or

(c) We have evidence drug or alcohol abuse or addiction is material to your impairment(s).

[Statutory Authority: 2014 c 218, 2011 1st sp.s. c 15, RCW 74.04.005, 74.04.050, 74.04.055, 74.04.057, 74.04.090, 74.08.A.100, 74.04.770, 74.04.030, 41.05.021, 74.09.035, 74.09.530. WSR 15-03-031, § 388-449-0060, filed 1/12/15, effective 2/12/15. Statutory Authority: RCW 74.04.005, 74.04.050, 74.04.055, 74.04.057, 74.04.090, 74.08.A.100, 74.04.770, 74.04.030, 41.05.021, 74.09.035, 74.09.530. WSR 15-03-031, § 388-449-0060, filed 1/12/15, effective 2/12/15. Statutory Authority: RCW 74.04.005, 74.04.050, 74.04.055, 74.04.057, 74.04.090, 74.08.A.100, 74.04.770, 74.04.030, and 2013 2nd sp.s. c 10. WSR 13-24-040, § 388-449-0060, filed 11/26/13, effective 1/1/14. Statutory Authority: RCW 74.04.005, 74.04.050, 74.04.055, 74.04.057, 74.04.10, 74.04.090, 74.08.A.100, 74.04.770, 74.04.030, and 2013 1st sp.s. c 36. WSR 12-10-042, § 388-449-0060, filed 4/27/12, effective 6/1/12.]

WAC 388-449-0070 Sequential evaluation process step III—How does the department determine if you meet SSA listing of impairments criteria? We approve disability when we determine your impairment(s) meet a listing described in appendix 1 to Subpart P of Part 404 within Title 20 of the Code of Federal Regulations.

[Statutory Authority: RCW 74.04.005, 74.04.050, 74.04.055, 74.04.057, 74.04.510, 74.04.090, 74.08.A.100, 74.04.770, 74.04.030, 74.08.043, 74.08.335, and 2011 1st sp.s. c 36. WSR 12-10-042, § 388-449-0070, filed 4/27/12, effective 6/1/12.]

WAC 388-449-0080 Sequential evaluation process step IV—How does the department evaluate if I am able to perform relevant past work? (1) If we neither deny disability at Step 1 or 2 nor approve it at Step 3, we consider our assessment of your physical and/or mental functional capacity, per WAC 388-449-0020 and 388-449-0030, to determine if you can do work you have done in the past.

(2) We evaluate your work experience to determine if you have relevant past work and transferable skills. "Relevant past work" means work:

(a) Defined as substantial gainful activity per WAC 388-449-0005;

(b) You have performed in the past fifteen years; and

(c) You performed long enough to acquire the knowledge and skills necessary 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, we compare:

(a) The exertional, nonexertional, and skill requirements of the job based on the Appendix C of the Dictionary of Occupational Titles; and

(b) Current cognitive, social, exertional, and nonexertional factors that significantly limit your ability to perform past work.

(4) We deny disability when we determine that you are able to perform any of your relevant past work.

(5) We approve disability when you are fifty-five years of age or older and don't have the physical, cognitive, or social ability to perform past work.

[Statutory Authority: 2014 c 218, 2011 1st sp.s. c 15, RCW 74.04.005, 74.04.050, 74.04.055, 74.04.057, 74.04.090, 74.08.A.100, 74.04.770, 74.04.030, 41.05.021, 74.09.035, and 74.09.530. WSR 15-03-031, § 388-449-0080, filed 1/12/15, effective 2/12/15. Statutory Authority: RCW 74.04.005, 74.04.050, 74.04.055, 74.04.057, 74.04.090, 74.08.A.100, 74.04.770, 74.04.030, and 2013 2nd sp.s. c 10. WSR 13-24-040, § 388-449-0080, filed 11/26/13, effective 1/1/14. Statutory Authority: RCW 74.04.005, 74.04.050, 74.04.055, 74.04.057, 74.04.090, 74.08.A.100, 74.04.770, 74.04.030, 74.08.043, 74.08.335, and 2011 1st sp.s. c 36. WSR 12-10-042, § 388-449-0080, filed 4/27/12, effective 6/1/12.]

WAC 388-449-0100 Sequential evaluation process step V—How does the department evaluate if I can perform other work when determining disability? If we decide you cannot do work that you have done before, we consider your age, education, and other factors to decide if you have the residual functional capacity to perform other work.

[Ch. 388-449 WAC p. 6]
(1) We evaluate education in terms of formal schooling or other training to acquire skills that enable you to meet job requirements. We classify education as:

<table>
<thead>
<tr>
<th>If you</th>
<th>Then your education level is</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Can' t read or write a simple communication, such as two sentences or a list of items.</td>
<td>Illiterate</td>
</tr>
<tr>
<td>(b) Have no formal schooling or vocational training beyond the sixth grade.</td>
<td>Marginal education</td>
</tr>
<tr>
<td>(c) Have no formal schooling or vocational training beyond the eleventh grade; or</td>
<td>Limited education</td>
</tr>
<tr>
<td>(d) Had participated in special education in basic academic classes of reading, writing or mathematics in high school.</td>
<td></td>
</tr>
<tr>
<td>(e) Have received a high school diploma or general equivalency degree (GED) and don't meet the special education definition in (d) above; or</td>
<td></td>
</tr>
<tr>
<td>(f) Have received skills training and were awarded a certificate, degree or license.</td>
<td></td>
</tr>
</tbody>
</table>

(2) We approve disability when you have a moderate, marked, or severe physical health impairment and you meet the criteria below:

<table>
<thead>
<tr>
<th>Exertional level</th>
<th>Your age</th>
<th>Your education level</th>
<th>Work history</th>
<th>Nonexertional and functional limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted to less than sedentary</td>
<td>Any age</td>
<td>Any level</td>
<td>Does not apply</td>
<td>Does not apply</td>
</tr>
<tr>
<td>Restricted to sedentary</td>
<td>Any age</td>
<td>Any level</td>
<td>Does not apply</td>
<td>You have nonexertional or functional impairments that preclude all sedentary work</td>
</tr>
<tr>
<td>Restricted to sedentary</td>
<td>Fifty and older</td>
<td>Any level</td>
<td>Does not apply</td>
<td>Does not apply</td>
</tr>
<tr>
<td>Restricted to sedentary</td>
<td>Forty-five and older</td>
<td>Marginal education, illiterate, or unable to communicate in English</td>
<td>Unskilled or none</td>
<td>Does not apply</td>
</tr>
<tr>
<td>Restricted to light</td>
<td>Any age</td>
<td>Any level</td>
<td>Does not apply</td>
<td>You have nonexertional or functional impairments that preclude all sedentary work</td>
</tr>
<tr>
<td>Restricted to light</td>
<td>Fifty and older</td>
<td>Marginal education or unable to communicate in English</td>
<td>Does not apply</td>
<td>Does not apply</td>
</tr>
</tbody>
</table>

(3) We approve disability when you have a moderate, marked, or severe mental impairment and you meet the criteria below:

<table>
<thead>
<tr>
<th>Your age</th>
<th>Your education</th>
<th>Work history</th>
<th>Social and cognitive limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any age</td>
<td>Any level</td>
<td>Any level</td>
<td>Substantial loss of ability to:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Understand, remember, and persist in tasks by following very short and simple instructions;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances without special supervision;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Perform routine tasks without special supervision;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Adapt to changes in a routine work setting;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Make simple work-related decisions;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Be aware of normal hazards and take appropriate precautions;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Ask simple questions or request assistance;</td>
</tr>
</tbody>
</table>
"Substantial loss of ability" means you are not able to perform the particular activity in regular competitive employment or outside of a sheltered work setting.

(5) We approve disability when you have both mental and physical impairments, with an overall severity that is moderate, marked, or severe, and you meet the criteria below:

<table>
<thead>
<tr>
<th>Your age</th>
<th>Your education</th>
<th>Work history</th>
<th>Social and cognitive limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fifty and older</td>
<td>Any level</td>
<td>Any level</td>
<td>Substantial loss of ability to:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Understand, remember, and persist in tasks by following detailed instructions;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Set realistic goals and plan independently; or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Learn new tasks.</td>
</tr>
</tbody>
</table>

(6) If you don't meet the criteria listed above, and there are jobs you can do in the national economy, we will find you able to perform other work and take the following actions:

(a) Deny disability; and

(b) Give you examples of jobs you can do in the national economy despite your impairments(s).

(7) If there are no jobs you can do in the national economy despite your impairment(s), we approve disability.

WAC 388-449-0200 Am I eligible for cash assistance for aged, blind, or disabled (ABD) while waiting for supplemental security income (SSI)? (1) You may receive ABD benefits while you are waiting to receive supplemental security income (SSI) benefits only when you:

<table>
<thead>
<tr>
<th>Your age</th>
<th>Your education level</th>
<th>Exertional level</th>
<th>Social and cognitive limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fifty or older</td>
<td>Limited education or</td>
<td>Restricted to light or less</td>
<td>You have a substantial loss of ability to:</td>
</tr>
<tr>
<td></td>
<td>unable to communicate in English</td>
<td></td>
<td>• Communicate and perform effectively in a work setting; or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Maintain appropriate behavior in a work setting.</td>
</tr>
<tr>
<td>Any age</td>
<td>Marginal education, illiterate, or unable to communicate in English</td>
<td>Restricted to medium or less</td>
<td>You have a substantial loss of ability to:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Communicate and perform effectively in a work setting with limited public contact; or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Maintain appropriate behavior in a work setting.</td>
</tr>
</tbody>
</table>

(2) If your application for SSI is denied:

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

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

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

WAC 388-449-0150 When does my eligibility for aged, blind, or disabled (ABD) cash benefits end? (1) The maximum period of eligibility for ABD cash is twenty-four months before we must review additional medical evidence. If you remain on ABD cash at the end of the twenty-four month period, we determine your eligibility using current medical evidence.
(a) Have filed your SSI application with the Social Security Administration (SSA), follow through with SSA directions and requirements to process your application including keeping all interview and consultative examination appointments, and do not withdraw your application;

(b) Agree to assign the initial or reinstated SSI payment to us provided under WAC 388-449-0210;

(c) Are otherwise eligible according to WAC 388-400-0060; and

(d) Meet disability criteria listed in WAC 388-449-0001.

(2) To demonstrate your impairments are disabling despite medical treatment, you must participate in medical treatment for the impairments that keep you from working, unless you meet one of the following good cause reasons:

(a) The treatment provider has identified a risk that the treatment may cause further limitations or loss of a function or an organ and you are not willing to take that risk;

(b) Treatment is not available because you can't obtain it without cost to you;

(c) You are so fearful of the treatment that your fear could interfere with the treatment or reduce its benefits; or

(d) You practice an organized religion that prohibits the treatment.

(3) If you refuse or fail to participate in medical treatment without good cause, your benefits will end and you will remain ineligible until you reapply and provide proof you are pursuing treatment as recommended.

[Statutory Authority: RCW 74.04.005, 74.04.050, 74.04.055, 74.04.057, 74.04.510, 74.08.090, 74.08.A.100, 74.04.770, 74.04.0052, 74.04.655, 74.08.043, 74.08.335, and 2011 1st sp.s. c 36. WSR 12-10-042, § 388-449-0220, filed 4/27/12, effective 6/1/12.]

WAC 388-449-0210 What is interim assistance and how do I assign it to the department? The ABD and SSI programs both provide cash assistance to meet your basic needs. You cannot receive this assistance for the same time period from both programs. When you are approved for or reinstated on SSI, you may receive a retroactive payment. When we made GA, DL, or ABD payments to you or on your behalf during the same time period, you must assign your interim assistance to repay us.

(1) "Assign" means that you sign a written authorization for the Social Security Administration (SSA) to send the SSI retroactive payment to us.

(2) "Interim assistance" means the monetary value of benefits we paid to you or on your behalf during:

(a) The time between your SSI application date and the month recurring SSI payments begin; or

(b) The period your SSI payments were suspended or terminated, and later reinstated.

[Statutory Authority: RCW 74.04.005, 74.04.050, 74.04.055, 74.04.057, 74.04.510, 74.08.090, 74.08.A.100, 74.04.770, 74.04.0052, 74.04.655, 74.08.043, 74.08.335, and 2011 1st sp.s. c 36. WSR 12-10-042, § 388-449-0210, filed 4/27/12, effective 6/1/12.]

WAC 388-449-0220 How does alcohol or drug dependence affect my eligibility for the ABD cash and pregnant women assistance programs? (1) You must complete a chemical dependency assessment when we have information that indicates you may be chemically dependent.

(2) You must accept an assessment referral and participate in drug or alcohol treatment if a certified chemical dependency counselor indicates a need for treatment, unless you meet one of the following good cause reasons:

(a) We determine that your physical or mental health impairment prevents you from participating in treatment.

(b) The outpatient chemical dependency treatment you need isn't available in the county you live in.

(c) You need inpatient chemical dependency treatment at a location that you can't reasonably access.

(3) If you refuse or fail to complete an assessment or treatment without good cause, your benefits will end until you provide proof you are pursuing an assessment or treatment as required.

[Statutory Authority: RCW 74.04.005, 74.04.050, 74.04.055, 74.04.057, 74.04.510, 74.08.090, 74.08.A.100, 74.04.770, 74.04.0052, 74.04.655, 74.08.043, 74.08.335, and 2011 1st sp.s. c 36. WSR 12-10-042, § 388-449-0220, filed 4/27/12, effective 6/1/12.]