 <b>Department of Children &amp; Family Services</b> <i>Building a Stronger Louisiana</i>	<b>Division/Section</b>	Family Support
	<b>Chapter No./Name</b>	04 – Economic Stability (ES)
	<b>Part No./Name</b>	C – Case Processing
	<b>Section No./Name</b>	C-1500 FITAP Incapacity Determination/SNAP Disability
	<b>Document No./Name</b>	C-1510-FITAP Incapacity Determination
	<b>Effective Date</b>	January 1, 2019

## I. STATEMENT OF POLICY

To be determined incapacitated, a person must have a medically determined physical or mental illness or impairment.

The incapacity shall be:

- supported by competent medical evidence,
- of such a debilitating nature as to substantially reduce or eliminate the parent's ability to support or care for the child, and
- expected to last for at least 30 days.

In making the determination of ability to support the child, the limited employment opportunities of disabled individuals shall be taken into account.

The incapacity decision is based primarily upon socioeconomic and medical information. The client's age, education, work experience, vocational training and other social factors are evaluated to determine the level of work the person can perform.


Amputations, asthma, diabetes, epilepsy, fractures, hemorrhoids, hernia, menopausal syndrome, mental deficiency, obesity, post-surgical complications, psychoneurosis, uterine fibroids, and varicose veins are not considered incapacitating unless:

- approval is for a temporary period for treatment and rehabilitation, or
- the condition cannot be corrected by treatment without undue risk to the client, or
- the client cannot engage in a useful occupation because of the impairment.

Refer the client for SSI and Louisiana Rehabilitation Services (LRS) if the incapacity warrants referral and is expected to last at least six months. Use form SSI3 when referring to SSI. Indicate on form [OFS 90S](#) when the referral was made.

Establish incapacity in one of the following ways:

- Receipt of RSDI based on disability of the person,
- Local office decision, or
- Incapacity decision by the FITAP/STEP Program Consultant.

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## II. PROCEDURES

### LOCAL OFFICE DECISION

Make a local office decision if one of the following situations exists:

- Temporary or Total Incapacity

If the disability prevents all work activity and will last at least 30 days but no more than six months, the worker may make the incapacity decision with supervisory approval.

If the client remains temporarily disabled after a six-month period, obtain additional medical information which includes the expected duration of incapacity. The local office may extend approval of the temporary incapacity decision for no more than five (5) additional months for a total of eleven months.

Document the decision with the forms [OFS 90](#), [90AD](#), [90S](#), or other report that includes the diagnosis, ability to work, and duration of incapacity. When any condition is expected to last longer than three months, the form [OFS 90S](#) is required to be completed.

- Hospitalized Person

A person who is continuously hospitalized meets the condition of incapacity. The worker must:


- Verify by hospital records and
- Secure medical information.

If incapacity is not clearly established for a local office decision to be made based on documentation that indicates temporary or total (permanent) incapacity or continuous hospitalization, submit form [OFS 90S](#) packet to the FITAP/STEP Program Consultant.

### FITAP/STEP PROGRAM CONSULTANT DECISION

The following steps should be taken when requesting an incapacity decision from the FITAP/STEP Program Consultant:

- Obtain medical information from a licensed medical professional, clinic, hospital, DDS or other source of medical information or treatment.
- Use medical information provided by the client, if current and sufficient. The verification provided must be comparable to the information obtained in the form [OFS 90](#), [90AD](#), [90D](#).

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- When requesting medical records from a free source, use form [90D](#), Request to Physician or Medical Facility for Medical Data. Use form [OFS 90DDS](#) to request information from DDS.

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- When the client is participating in LRS, obtain a copy of the training plan from LRS.
- If a client has a pending Worker's Compensation suit, do not request a medical report from the client's attorney or ask the client to obtain it. However, accept and use it if the client voluntarily presents it.

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- Obtain social information from the client or his representative for completion of the form [OFS 90S](#). Document worker observation on the form [OFS 90S](#).
- Obtain information regarding SSI status from SIEVS Option Q. Include reason for rejection if application was denied.
- Send form [OFS 90](#) packet to the Regional FITAP/STEP Program Consultant. The form [OFS 90](#) packet includes:
  - forms [OFS 90](#), [90A](#), [90AD](#), [90D](#), or [90DDS](#) current medical information completed by medical professionals,
  - previous forms [OFS 90](#) and medical information,
  - medical reports provided by medical professionals,
  - form [OFS 90S](#) - social information completed by worker,
  - form [OFS 90X](#) - route slip,
  - form [OFS 90DDS](#) if information obtained from DDS,
  - any useful information or copies of records from any social service provider.


The incapacity decision made by the FITAP/STEP Program Consultant should not exceed twelve months, as current medical information should be obtained and evaluated at that time.

## REVIEW OF FITAP/STEP PROGRAM CONSULTANT DECISION

The local office may request a review of the FITAP/STEP Program Consultant decision if:

- the local office staff disagrees with the decision, or
- new medical or social information is available.

Obtain supervisory approval and resubmit the form [OFS 90](#) packet with a cover memo giving the reason for the submission and any additional information.

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If the local office continues to disagree with the FITAP/STEP Program Consultant's incapacity decision, the local office may request a review by the Economic Stability Section. Obtain approval from the ES Manager and submit the form [OFS 90](#) packet to the Economic Stability Section with a cover memo giving the reasons for submission.

### III. FORMS AND INSTRUCTIONS

[OFS 090 Form/Instructions](#) Medical Evaluation-Physician's Report

[OFS 090A Form/Instructions](#) Referral for Medical Information on Incapacity

[OFS 090AD Form/Instructions](#) Medical Evaluation Addendum - Physician's Report

[OFS 090D Form/Instructions](#) Request to Physician or Medical Facility for Medical Data

[OFS 090DDS Form/Instructions](#) Request to DDS for Medical Information

[OFS 090L Form/Instructions](#) Request for Verification of the Need for Full Time Care

[OFS 090S Form/Instructions](#) Social Information

[OFS 090X Form/Instructions](#) Cover for Submittal of Social and Medical Information

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[SSI 003 Form/Instructions](#) Information-Referral Form

### IV. REFERENCES

[Personal Responsibility and Work Opportunity Reconciliation Act of 1996](#)

[LAC 67:III.1247](#)