P-2421 Documentation of SSI/AABD Related Eligibility Factors

The P-2421 Section contains procedures to be used in determining eligibility factors relating specifically to SSI/AABD-related individuals (M 200's).

A. Medical Factors

Medical factors need to be documented in order to establish "relationship to SSI/AABD" for the persons under age 65. Medical factors must be documented for persons claiming relationship to SSI/AABD on the basis of blindness or disability. The medical factors must be documented at time of application, when reviews of the factor are requested on the Medical Eligibility Decision (DSW 213 or DSW 213D) and when the IMS notices an improvement in the recipient's condition.

1. The applicant/recipient receives Social Security Disability benefits

   - Complete top portion of DSW 213D and section labeled "Basis for Decision" indicating receipt of Social Security Disability Benefits.

   - File DSW 213D with case action.

2. If application is made on behalf of a deceased individual for retroactive Medicaid coverage:

   - Have the person acting for the deceased applicant obtain applicable medical reports or medical information from hospital or clinic records covering the period for which coverage is requested.

   - Refer medical data with Medical Eligibility Decision (DSW 213) to the state's disability determination agent with notation on DSW 213 "retroactive only - applicant deceased (date)."

P-2421 Documentation of SSI-Related Eligibility Factors (Cont'd)

A. Medical Factors (Continued)

3. If a person received SSI/AABD or OASDI based on blindness or disability and his or her benefits have been terminated for any reason other than "no longer blind or disabled," the SSI-related Medicaid factor of blindness or disability is met for up to one year from the date of SSI termination (M211).

   - Check the case record or ACCESS for an SSI or OASDI closure within the last year.

   - If the interface does not show a closure within the last year, request a medical eligibility determination (#4 below) unless the applicant is a recipient of Social Security disability benefits (see P-2421 A#1).

   - If the interface shows closure within the last year for any reason other than "no longer blind or disabled", complete the top portion of the DSW 213D (Medicaid Disability Medical Eligibility Decision) and the "Basis for Decision" portion showing "Disabled SSI/AABD or OASDI Recipient through _____ (month of SSI/AABD or OASDI closure)".

     File the DSW 213D and a printout of the ACCESS panel showing the closure with the current application documents.

     Set a review for the month the one year period expires. If disability is still claimed, request a medical eligibility determination (#4 below).

4. For all others who apply as blind or disabled and do not meet the criteria above:

   a. Accept any application by mail or in person.

   b. Review applicant's financial circumstances (resources and income), and

      If applicant does not meet financial criteria (e.g., has a spend-down), deny application explaining

that disability determination will be made at reapplication whenever financial criteria are met (e.g., bills equal to spend-down amount have been submitted).

P-2421 Documentation of SSI-Related Eligibility Factors (Cont'd)

A. Medical Factors (Continued)

If applicant meets financial criteria (no excess income or has met spend-down, OR, due to high medical expenses, can reasonably be expected to meet spend-down), proceed with disability determination.

c. Encourage the person, if appropriate, to apply for SSI/AABD at the Social Security Office. (The SSI income test at P-2420 B#8 appears to be passed.) Advise the applicant that the SSI/AABD application is also a Medicaid application and that the same disability determination agent makes disability determinations for both Medicaid and SSI/AABD.

d. Explain disability determination process.

e. Have the applicant complete the following forms:

- DSW 211D (Disability Social Report), Parts I - VII, giving assistance if applicant needs or desires it. Include 2 copies of the DSW 211D-S (Disability Social Report - Supplemental Job Form).
- DSW 212D (Disability Information Release Authorization) -3 original copies.

NOTE: If application is being completed by mail, send the DSW 214D (Disability Determination Cover Letter) with the DSW 211D and 3 copies of the DSW 212D. Include 2 copies of the DSW 211D-S.

Use the DSW 211CK (Disability Application Checklist) to check off each section of the DSW 211D as you determine that it is complete. If any section is incomplete and the client says he or she cannot locate specific information, make a notation on the DSW 211CK to inform DDS and avoid having the claim returned.

f. When the client has completed his/her sections of the DSW 211D and has signed 3 copies of the DSW 212D (Information Release Authorization), complete worker

assessment (Part VIII) of the DSW 211D.

g. Complete the top portion of the DSW 213D (Disability Medical Eligibility Decision). If applicant has applied or been referred concurrently for SSI/AABD enter "SSI/AABD application pending (date, if known)" or "referred to SSA for SSI/AABD application (date)". If retroactive coverage is requested, give the appropriate dates.

P-2421 Documentation of SSI-Related Eligibility Factors
(Cont'd)

A. Medical Factors (Continued)

h. Use the DSW 211CK to also review the DSW 212D's and DSW 213D to make sure they are complete. Check off each completed item. Mail the DSW 211CK, the DSW 211D, 3 signed originals of the DSW 212D, and the DSW 213D to:

Disability Determination Services
State Complex - Ladd Hall
103 South Main Street
Waterbury, Vermont 05671-1101

Use the designated green folders and a 2-hole punch to insert the forms. On the folder's side, write the client's name (last, first) and social security number.

NOTE: DDS will return incomplete claims (as indicated on the DSW 211CK) to your supervisor so supervisors can monitor problems with the forms or process.

i. Counting the day of application (or the day the DSW 211D and DSW 212's are received from the client), you have five days to mail these forms to DDS. If the forms are submitted to DDS after this five-day period, write the reason(s) for the delay in the appropriate section on the DSW 213D.

j. DDS will contact the individual(s) listed in Part I of the DSW 211D if assistance is needed in completing the claim, including assistance in obtaining necessary medical examinations. In the absence of a contact person, DDS will contact you to provide or arrange this assistance (at no cost).

k. DDS will return the DSW 213D with their decision, including a copy of the "Explanation of Determination". When you receive these documents:

- Complete eligibility decision (see P-2423);

- Include "Explanation of Determination" with the DSW 220;

- Enter an exam date on the DISA panel (see #7 below); and

- File the DSW 213D with all medical and social data reports in case file.

P-2421 Documentation of SSI-Related Eligibility Factors (Cont'd)

A. Medical Factors (Continued)

5. When a Medicaid applicant/recipient has been found "not disabled" by DDS, has been denied/closed Medicaid, and states a desire to appeal the decision:

   - if the decision has been made on an SSI/AABD or SSA Disability application tell the client to promptly appeal the decision to the SSA.

   - if the decision has not been made on an SSI/AABD application or one of the exceptions listed at M211.4 applies) send a copy of the "Explanation of Determination" to the AAG's Office with the DSW 113B (Fair Hearing Request).

     NOTE: The AAG's office will request the client's record from DDS. The AAG's office will return the client's record to DDS when the need for the record has ended. No further action by the ES is required unless a request is received from the AAG's Office.

6. A recipient who files timely appeals with SSA (if appropriate) or DSW, shall have his or her benefits continue until the appeal is decided (see M143). If the basis for the continued benefits is a timely appeal to SSA, confirm the status of the appeal with the SSA at least every 6 months.

7. When DDS determines a client disabled, enter the review date in DISA as the review month plus one. This will result in a reminder edit at the beginning of the review month, which is the earliest DDS wants to receive the claim forms. Their regulations require current releases and information.

   For clients determined disabled by a Commissioner's reversal or Human Services Board decision, enter a review date seven years from the date of the decision.