



AGED, BLIND, AND DISABLED MEDICAID 105-1 Disability Determination

Supersedes: ABD 105-1 (07/01/06)

Reference: 42 CFR 435.540, 541, .911; ARM 37.82.101, .204, ARM 46.12.3002

Overview: An individual applying for Medicaid based on disability must meet the Social Security Administration's (SSA) disability criteria, unless disability is based on death.

Disability may be established through SSA and/or MEDS (Medicaid Eligibility Disability Services), using SSA criteria. A disability determination is not required prior to the client being evaluated for disability-related Medicaid. If the client is otherwise eligible, their disability determination is pursued through SSA and/or MEDS as outlined below. **NOTE:** Eligibility for (VA) Veterans Administration disability benefits does **not** automatically meet SSA disability criteria. Therefore, veterans must complete the SSA or MEDS disability determination process.

DISABILITY DETERMINATION FOR DECEASED APPLICANT:

A Medicaid application may be filed on behalf of a deceased person. Benefits are provided if the individual would have been eligible had an application been made prior to his/her death. An individual is considered to meet disability criteria in the month of their death. If the cause of death was a factor during any of the previous three retro months, the deceased is assumed to have been disabled for those months. A doctor's statement is required to establish if the cause of death was a factor during the retro months.

MEDS DISABILITY DETERMINATION:

DPHHS is required to make a disability determination through MEDS when a Medicaid applicant:

1. Has not applied for SSI cash benefits;
NOTE: Medicaid clients are **not required** to apply for SSI.
2. Has applied for SSI benefits and is found ineligible for benefits for a reason other than disability (e.g., excess income or resources);
NOTE: When SSI benefits are denied because the client's income exceeds the SSI limits, the client may meet Medicaid eligibility criteria for other programs (e.g., medically needy).
3. Has applied for SSDI benefits and is found ineligible for a reason other than disability (e.g., insufficient creditable quarters of work);

4. Has applied for SSI and/or SSDI and separately to DPHHS for Medicaid and SSA has not made a disability determination as of Medicaid application date;
NOTE: If SSA has not made a disability determination by the Medicaid application date, a MEDS disability determination is pursued. The application remains pending (not denied) while awaiting either a MEDS or SSA disability determination.
NOTE: A SSA disability determination of “Hold Early Input” confirms no disability determination has been made by SSA. In these situations, the MEDS process should be used to establish a disability determination while a decision from SSA is pending.
5. Alleges a disabling condition different from, or in addition to that considered by SSA in making its determination; OR
6. It has been more than 12 months since the individual’s most recent SSA determination denying their disability and the following criteria are met:
 - a. The individual alleges that his or her condition has changed or deteriorated since that SSA determination, AND
 - b. Alleges a new period of disability which meets the durational requirements of the ACT, AND
 - c. Has not applied to SSA for a determination with respect to these allegations.
7. It has been less than 12 months since the individual’s most recent SSA determination denying their disability and the following criteria are met:
 - a. The individual alleges that his or her condition has changed or deteriorated since that SSA determination, AND
 - b. Alleges a new period of disability which meets the durational requirements of the ACT, AND
 - c. Has applied to SSA for reconsideration or reopening of its disability decision and SSA refused to consider the new allegations; AND/OR
 - d. He or she no longer meets the non-disability requirements for SSI but may meet the State’s non-disability requirements for Medicaid eligibility.

MEDS RE-EXAMINATION:

When MEDS provides a disability approval determination that includes a future re-exam date, the disability determination is only valid through the re-exam date. A new MEDS disability determination is required to continue to use the MEDS determination to meet the Medicaid disability criteria past the re-exam date.

SSA DISABILITY DETERMINATION:

SSA determines disability for:

1. Social Security Disability Insurance (SSDI) benefits; and
2. Supplemental Security Income (SSI) benefits.

An SSI application filed with SSA is also a Montana Medicaid application.

SSA DECISION ON APPLICANT:

When SSA determines a Medicaid applicant is not disabled, but MEDS has determined the applicant is disabled, the SSA decision supersedes the MEDS determination, and the Medicaid request for coverage based on disability must be denied.

Re-evaluate the client's Medicaid request when the Medicaid denial is based solely on an SSA disability denial, when:

1. SSA reverses the disability denial; and
2. The client is later approved for SSDI or SSI

Medicaid eligibility is re-evaluated as follows:

1. Approved for SSDI – back to original Medicaid application date;
2. Approved for SSI – back to the earlier of the SSI application date or the original Medicaid application date.

SSA DECISION ON CLIENT:

If SSA finds a Medicaid client is not disabled (whether favorable MEDS determination or when SSA finds that an individual who they previously considered disabled no longer meets that criteria), Medicaid is continued during the 60-day period within which an SSA appeal may be filed. The eligibility staff member sets a system alert for the first of the month of the 60th day after the SSA notice of decision date, if they are aware of the findings in advance. **NOTE:** Repayment of benefits is not required during the 60-day period the client has to file an appeal.

This process does not apply to a termination of presumptive SSI eligibility.

PRESUMPTIVE DISABILITY ENDS:

If SSA determines that an individual who receives Medicaid due to receipt of presumptive SSI benefits is not disabled; SSI Medicaid is terminated as soon as possible, allowing for timely notice, rather than being continued for 60 days.

Non-SSI Medicaid may be provided during the 60-day period within which an SSA appeal may be filed. In the month in which the 60-day appeal period expires, send timely notice of Medicaid closure to the client using the appropriate system notice. The notice informs the client that Medicaid benefits will be terminated at the end of the month unless they provide verification (within 15 days of the notice) that the disability decision has been appealed to the Social Security Administration. The notice also informs the client that if their appeal is unsuccessful they may have to repay the continued Medicaid benefits they requested.

If the client brings in verification of the SSA appeal, and requests continued Medicaid benefits, those benefits continue through the appeal process until a decision is reached by the Appeals Council.

If the client does not appeal the decision (timely), or does not provide verification of a timely appeal to OPA within the required 15 days of OPA notice, request sufficient information to determine eligibility under other Medicaid programs (ex parte review).

If the client is unsuccessful in the appeal to the Appeals Council and there is no eligibility under any other Medicaid program, close Medicaid and send timely notice of adverse action.

TIMELY APPLICATION REQUIREMENTS:

Eligibility must be determined with ninety (90) days for applications requiring a disability determination. See CMA 103-1 regarding the availability of extensions.

REQUIREMENT TO APPLY FOR BENEFITS:

SSDI Benefits: As a condition of eligibility, applicants who have at least 40 work quarters must apply for Social Security Disability Insurance (SSDI) no later than during the Medicaid application process OR within five months of the stated onset of disability, whichever comes later.

SSI Benefits: Application for benefits which do not affect Medicaid eligibility is NOT a requirement. SSI income is excluded, so does not affect Medicaid eligibility.

Effective Date: January 01, 2017