CATEGORICAL FACTORS
SSI-RELATED
DISABILITY

Policy: Persons under the age of 65, who are certified disabled by either the Social Security Administration (SSA), the State Medicaid Disability Review Team, or local Medicaid Disability Review Team are eligible to receive Medicaid providing they meet all the financial and other eligibility requirements.

Disability is defined as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than twelve (12) months.

A child may be determined disabled if s/he has a medically determinable physical or mental impairment that results in marked and severe functional limitations that have lasted or are expected to last for at least 12 months or result in death.

The standards used to determine disability for Medicaid A/Rs are the same as those used by SSA to determine eligibility based on a disability for SSI or Retirement, Survivors' Disability Insurance (RSDI) (See Medicaid Disability Manual). However, for the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) (See **CATEGORICAL FACTORS** MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH DISABILITIES) the first step of the sequential evaluation, known as the SGA test (See **CATEGORICAL FACTORS** SUBSTANTIAL GAINFUL ACTIVITY), is eliminated.

All disability determinations for MBI-WPD are performed by the State Disability Review Team.

References:

SSL Sect. 366
366-ee

Dept. Reg. 360-2.4(a)(2)
360-3.3(b)(2)
360-5

Medicaid Disability Manual

ADMs 10 OHIP/ADM-4
10 OHIP/ADM-2
10 OHIP/ADM-01
04 OMM/ADM-5
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92 ADM-52

CATEGORICAL FACTORS
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DISABILITY

	90 ADM-17
	88 ADM-42
	87 ADM-41
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INFs	92 INF-41
	87 INF-4
	05 0MM/INF-1
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	98 OMM/LCM-003
GISs	10 MA/003
	09 MA/027
	06 MA/005
	05 MA/023
	96 MA/028

Interpretation: The receipt of SSI or RSDI benefits based on a disability is acceptable proof of disability. Persons in receipt of Railroad Retirement benefits as "totally and permanently" disabled are also considered disabled for Medical Assistance purposes. Workers' Compensation, New York State Disability and Veterans' Administration benefits do not confer automatic disability for Medicaid purposes. A separate disability determination is completed for recipients of these programs. Potentially disabled A/Rs are advised of any benefits that they might qualify for under SSI and/or RSDI and referred to the SSA district office. Application for SSI, however, is not a condition of eligibility for Medicaid. A/Rs for Medicaid, who claim an impairment or unemployability due to sickness or disability that has or is expected to last at least 12 months, are referred to the local or State Medicaid Disability Review Team or the Social Security Administration.

All disability determinations for MBI-WPD as well as determinations for individuals who are age 65 or over and are establishing a pooled trust are performed by the State Disability Review Team.

Medicaid disability reviews are conducted when a determination of disability will yield a Medicaid benefit to the A/R or a financial benefit to the Medicaid program. For example:

CATEGORICAL FACTORS
SSI-RELATED

DISABILITY

- More favorable budgeting that would enable a single adult or member of a childless couple (SCC) to obtain Medicaid or Family Health Plus if he/she does not meet the public assistance standard of need;
- Budgeting that would enable an A/R who is otherwise financially ineligible to obtain full Medicaid benefits, with or without a spenddown;
- Exclusion of an asset from a transfer penalty if the A/R has transferred the asset to an adult child who is determined to be disabled;
- Exclusion of funds deposited in a pooled trust.

An example of a financial benefit to the Medicaid program is the placement of an SCC A/R into a federally participating category which assists in meeting the cost neutrality provisions of the 1115 Managed Care Waiver.

Disability determinations are completed for all A/Rs under the age of 65 who are citizens or qualified aliens not in the federal five year ban, and who appear to meet the Social Security Administration disability criteria. The A/R is given an informed choice between SSI-related budgeting and any other appropriate category when s/he is eligible under more than one category.

Disability determinations are completed for Aliessa aliens (qualified aliens in the five year ban and PRUCOL aliens) only if a determination of disability will provide a Medicaid benefit for the A/R. There is no financial benefit to the Medicaid program, as federal financial participation cannot be obtained for these A/Rs, nor are they included in the federal 1115 waiver. Thus, if an Aliessa alien A/R is eligible for full Medicaid coverage without a disability determination, there is no requirement to perform a Medicaid disability review for the A/R.

When a non-SSI-related Medicaid recipient dies, his/her case, medical condition and expenditures are reviewed for referral to the Medicaid Disability Review Team.

The disability review process takes into consideration the severity and extent of the individual's medical condition and resulting functional limitations. It may also take into account the individual's