
NONFINANCIAL ELIGIBILITY FACTORS

BLINDNESS AND DISABILITY

D. DISABILITY DETERMINATIONS IN 1634 STATES

Under contract with the Medicaid State Agency and the Social Security Administration, the Disability Determination Service (DDS) makes all decisions relating to disability or blindness.

In cases in which a State has a section 1634 agreement with SSA (as does Mississippi) and an individual files an application only with SSA for SSI, the Medicaid Agency is not required to make a Medicaid disability determination for the period starting on the effective filing date of the SSI application. This is because an application for SSI is also an application for Medicaid in such States. An applicant is required to wait until SSA makes an SSI eligibility determination.

Note: This does not mean that a separate MAO application cannot be filed. This means that Medicaid is not required to make a separate disability decision for any months of potential SSI eligibility.

1. Circumstances Which Warrant A Separate Medicaid Application

The circumstances under which the State Medicaid Agency is required to make an independent determination of disability by way of a separate MAO application are as follows:

- a. An individual has not applied for SSI or has applied for SSI and been denied for a reason other than disability.
- b. An individual applies both to SSI and to Medicaid and SSI fails to make a disability decision within 90 days. In such an instance DDS must provide Medicaid with a decision prior to the SSI decision.

Note: If DDS provides a Medicaid approval prior to an SSI decision, a tickler must be set to check on the final SSI decision. If the SSI decision is a disability denial, the case must be closed for Medicaid purposes and the case referred to State Office (along with all medical information in the case record) for routing to DDS for a final decision.

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- c. An individual applies for Medicaid and alleges a disabling condition that is different from or in addition to that considered by SSA.
- d. An individual applies for Medicaid more than 12 months after SSA last made a final determination that the individual was not disabled and the individual alleges his/her condition has deteriorated since that final decision and the individual has not reapplied for SSI.

2. **Circumstances** If the above conditions do not exist and the individual is

**Which Warrant
a Referral to SSA**

potentially eligible for SSI, he/she must be advised to file or refile with SSA for SSI benefits; however, this does not mean an MAO application cannot be filed. For example: An individual applied for SSI and was denied due to disability in October, 1989. In March, 1990, the individual applies for Medicaid only but alleges no change in his physical condition since his SSI application was denied. In this case, the SSI disability denial controls the Medicaid decision and the individual must be denied eligibility based on the previous SSI denial and referred to SSA to refile for SSI.

In addition, any allegation of a deterioration of the condition for which SSA made a determination that is filed less than 12 months after the most recent final SSI determination must be submitted to SSA for reconsideration or reopening. Under SSA rules, an individual may request a reconsideration within 60 days of receipt of the notice denying SSI disability. If the individual does not appeal the decision within 60 days, he/she may still request reopening of the determination within 1 year for any reason and within 2 years for good cause, such as new or material evidence.

3. **Disability
Questionnaire
(for PLAD
applicants)**

An individual who wishes to file an MAO application must be allowed to do so. However, a separate DDS decision is not required if an SSI medical decision has been rendered within the previous 12 months or is currently pending with SSA.

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In order to assist a worker in deciding whether a DDS decision is required, a Poverty Level Disability Questionnaire and instructions have been developed for this purpose. It is designed to be used for an applicant with no income or income below the SSI FBR appropriate for the individual to determine if a previous SSI medical denial exists. The Questionnaire is not necessary for someone who currently receives title II disability benefits.