❖ **Aged, Blind and Disabled Programs**

102.09.02 DISABILITY DETERMINATION PROCESS

In Mississippi, an application for SSI is also an application for Medicaid. This does not mean a separate Medicaid application cannot be filed by an SSI applicant; however, the regional office is not required to obtain a separate Medicaid disability determination for any months of potential SSI eligibility, starting on the effective filing date of the SSI application. The applicant is required to wait until SSA makes the SSI eligibility determination.

Independent Disability Determinations

However, the regional office will make an independent disability determination when a separate Medicaid application has been filed under one of the following circumstances:

- The individual has not applied for SSI or has applied and been denied for a reason other than disability.
- An individual applies separately for both SSI and Medicaid and SSI fails to make a decision within 90 days. In this instance, DDS must provide Medicaid with a decision prior to the SSI decision.
    - When DDS approves Medicaid disability 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.
- An individual applies for Medicaid and alleges a disabling condition that is different from, or in addition to, that considered by SSA.
- An individual meets all 3 of the criteria below:

(1) Applies for Medicaid more than 12 months after SSA last made a final determination that the individual was not disabled; **and**
(2) The individual alleges his condition has deteriorated since that final decision; **and**
(3) The individual has not reapplied for SSI.

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Independent Disability Determinations (Continued)

If the above conditions do not exist and the individual is potentially eligible for SSI, he must be advised to file or re-file for SSI benefits. This does not mean a separate Medicaid application cannot be filed; however, Medicaid eligibility decision will be tied to the SSI decision.

Example: An individual applied for SSI and was denied due to disability in June 2008. In October 2008, the individual files 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. The individual must be denied Medicaid eligibility based on the previous SSI denial and referred to SSA to reapply for SSI.

Requesting Reconsideration

Under SSA rules, an individual may request reconsideration within 60 days of receipt of the notice denying SSI disability. If the individual does not appeal the decision within 60 days, he 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.

Therefore, if an individual alleges deterioration of the condition on which the previous disability denial was based, he can submit this to SSA for reconsideration or reopening within 12 months of the most recent final SSI determination.

102.09.03 EXCEPTIONS TO OBTAINING DDS DISABILITY APPROVALS

There may be instances when DDS has already determined disability using SSI criteria for the same period of time to be covered by a Medicaid application. If so, a separate Medicaid determination is not needed. However, if the disability onset date, as established by SSA, does not include all months of requested Medicaid eligibility, a separate DDS decision is required.

Situations Which Do Not Require a Separate Disability Determination

In the following situations a separate blindness/disability determination for Medicaid is not needed. The Specialist can consider the applicant/beneficiary to be blind/disabled and complete the eligibility determination process.