

MISSISSIPPI DIVISION OF MEDICAID

Eligibility Policy and Procedures Manual

❖ Aged, Blind and Disabled Programs

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.

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Situations Which Do Not Require a Separate Disability Determination (Continued)

- **Applicant Receives Title II Disability** – The Medicaid applicant receives Title II disability benefits on an ongoing basis based on his own disability and the disability onset date is verified to include all months to be covered by the Medicaid application, i.e., the month of application and any retroactive months. Receipt of Title II disability must be re-verified at each redetermination.
- **Disability Decision Overturned by Administrative Law Judge (ALJ) Order** - An Administrative Law Judge (ALJ) reverses a disability denial and establishes disability with a disability onset date which covers all months of the Medicaid application. If the Medicaid applicant is otherwise eligible, eligibility can be established as of the date of the onset of disability as established by the ALJ order, but no earlier than:
 - The Medicaid application date; or
 - Three months before the Medicaid application date if retroactive benefits are an issue.

Example: An ALJ order reversed a disability decision and established disability effective February 2008. The application for Medicaid is filed on July 2, 2008. If the Medicaid applicant met all other requirements and requested retroactive benefits, eligibility could be established effective April 1, 2008.

- **Deceased Applicants** - A verified death date establishes disability if a disability, due to any illness or accident which resulted in death, existed in all months for which Medicaid eligibility was requested.

Example: A traumatic onset of disability occurred on September 14, 2008, due to an accident. On October 12, 2008, individual dies as a result of injuries sustained in the accident. The application for Medicaid is filed on November 3, 2008. Under this exception, Medicaid eligibility can only be established starting September, the month of the accident, forward.

- **Disabled Adult Children** – Disability has previously been established by SSA for an applicant who is over age 18, entitled to Medicare and receiving Title II benefits as a child (C1-C9 beneficiary). The disability onset date must be determined.