

CHANGE NOTICE FOR MANUAL NO. 11-02, Disability Determinations

DATE: December 20, 2001

Manual: Aged, Blind, and Disabled Medicaid

Change No: 11-02

To: County Directors of Social Services

Effective: January 1, 2002

I. CONTENT OF CHANGE - MA-2525 DISABILITY

A. Children With Protected Medicaid Status

In August 2000, DMA provided each county with a list of SSI terminated children with protected Medicaid status, along with instructions to identify and track each of these children until protected status ends at age 18. Protected status children could receive in any aid program/category.

The Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration (HCFA), now requires states to authorize children with protected Medicaid status in the MAD-N category if they meet all other non-disability eligibility requirements for that category.

For protected status children already authorized in MAD-N, continue coverage in MAD-N as long as the child meets the eligibility criteria. If he ceases to be eligible as MAD-N, you may authorize him in a Family & Children's Medicaid category (MAF, MIC, MPW, or NC Health Choice). However, you must determine eligibility for MAD-N at each review before continuing authorization in another category.

Current Medicaid policy requires that protected status continue until the child turns age 18. Protected status children must be reviewed periodically by Disability Determination Services (DDS). CMS has confirmed that if DDS finds that the child is no longer disabled under either the pre-1996 criteria or under current criteria, the child's protected status ends. Policy is updated to reflect this change.

B. Table Of Contents and Reorganization

A Table of Contents is added to this section to help find the correct procedures for each disability situation. The entire section is reorganized around the type of MAD application, whether a disability determination is required, processing Medicaid cases reopened due to appeal reversal or approval by SSA, protected status for children, and handling disability reviews. The attachment is updated to reflect the new cross-references and has been moved to the end of the section as Figure 7.

C. Time Standards

References to MAD-60 and MAD-90 throughout the policy are removed because time standards for disability applications are subject to change after implementation of the Alexander Exit Plan. The section now clearly states that if a disability determination is required, the time standard is 90 days. If a disability determination is not required, the time standard is 60 days. The instructions throughout the section specify whether a disability determination is required but does not refer to the time standard.

D. Continuation of Medicaid for RSDI/SSI Denials Under Appeal

This section has been revised to remove the word "subsequent." MAD recipients who were found disabled by DDS or a Hearings and Appeals Officer, and who are denied by SSA based on disability, may have their MAD continued during the RSDI/SSI appeal process. The appeal status takes precedence over the date of the denial. In most cases, the RSDI/SSI denial date will be after the approval date for MAD but not in every case. Note that this is the only situation in which Medicaid is continued while a recipient appeals an RSDI/SSI denial.

The references to "a/r" were changed to "recipient" because this procedure applies only to MAD recipients.

E. Redeterminations of Disability for RSDI Recipients

When a recipient receives RSDI, SSA is responsible for redeterminations of disability. The county dss cannot request a special review of disability by DDS. The county dss may request a review for recipients who do not receive RSDI if you suspect that the recipient's condition has improved. This was clarified at the request of DDS.

F. Other Changes

1. Instructions are added for when a disability determination is required for an applicant not receiving RSDI who was previously found disabled but MAD was terminated for a non-disability related requirement.
2. Instructions are added at the request of DDS for including the name of the most recent school with the treating sources for all children and for adults alleging mental impairment.
3. Mailing addresses, mailing instructions, and telephone numbers for DDS are updated. DDS has two mailing addresses and you may use either one, but not both. Experience has shown that forms get routed through the DDS mail system faster if you write "Medicaid Unit" or "MAO" on the envelope in a prominent place. Also, using the post office box is generally faster.

There are three toll free numbers and fax numbers to the Medicaid Unit. You may use any of these, but DDS requests that you avoid always using the first number on the list.

4. Wording was changed in the instructions for establishing the earliest authorization date for a reopened Medicaid denial to be consistent with the wording on the Request For Claims Override form. The new wording is "12th month prior to the month in which the county learns of the RSDI/SSI approval" instead of "12th month prior to the date of application." These are usually the same months but not always.

II. EFFECTIVE DATE: JANUARY 1, 2002

Apply these changes to all applications taken on or after January 1, 2002, and to all redeterminations/changes started on or after January 1, 2002.

III. IMPLEMENTATION

Remove: MA-2525. Retain all figures.

Insert: [MA-2525](#) and [Figure 7](#), effective 1/1/02

If you have any questions, please contact your Medicaid Program Representative.

Nina M. Yeager
Director

[This material was researched and written by Jackie Franklin, Policy Consultant, Medicaid Eligibility Unit.]