

# MEDICAID DISABILITY MANUAL

- a. Form DSS-1151 "Disability Interview" and Form DSS-1151.1 "Disability Interview Continuation Sheet" (See Exhibit 4.)

The DSS-1151 should be completed as thoroughly as possible. The DSS-1151 is usually completed by the agency worker who interviews the client but may be filled out by the client or his/her representative.

Part 1- Information About Impairments - should contain the A/R's description of his/her impairments, any symptoms he/she experiences such as shortness of breath, pain, anxiety, and how it affects the A/R's ability to perform work activities.

Part 2- Information About Medical Records - should be thoroughly completed to help ensure that all recent medical sources and records have been identified.

Part 3- Information About Your Activities - should contain specific information on what activities the A/R performs on a daily basis and what activities if any, the physician has suggested limiting.

Part 4- Information About Education and Literacy - all areas should be completed for consideration by the Disability Review Team in the vocational evaluation.

Part 5- Information About the Work You Did in the Past 15 Years - information about specific duties and activities in previous jobs must be thoroughly completed, so that the Disability Review Team can properly perform the vocational assessment in the sequential evaluation process. The kind and amount of physical activity should be circled for each job.

Part 6- Interviewers Observations - should include the worker's observations of the A/R's symptoms and limitations, e.g., obvious hearing, visual or speech limitations, difficulties in walking, sitting or standing, signs of confusion, disorientation, and inappropriate behavior. It may include any other information that may be relevant for the Disability Review Team.

The DSS-1151.1 is a continuation sheet and should be used to report additional medical and/or employment information concerning the A/R.

- b. Form DSS-486T "Medical Report for Determination of "Disability" (Exhibit 21).

This form can be used to secure medical information about the A/R. The local agency may either give this form to the A/R to take to

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his/her physician or send the form directly to the physician for completion.

## 5. Referral to Disability Review Team

The medical documentation and completed forms are submitted to the Disability Review Team for a determination of disability in accordance with procedures detailed in this manual. The Disability Review Team must complete Form DSS-639 "Disability Review Team Certificate" for each case that is reviewed for disability. A copy of this form and directions for completion are found in the Forms & Publications Section.

## 6. Pending of Disability Cases

Department Regulation Section 360-2.4, 360-5.7

Generally, eligibility must be determined within 45 days of the date of application; however, when determining categorical relatedness to disability the following applies. Disability status must be determined within 90 days of application. This time standard applies except in unusual circumstances such as where the agency cannot reach a decision because of failure or delay on the part of the A/R or an examining physician, or for reasons not within the control of the agency. In such circumstances, the case record must show the cause of the delay. This pending period for acting on applications or redeterminations of eligibility shall not be used as a waiting period before granting Medicaid to eligible persons. If a case is pended more than 90 days, this delay shall not be a basis for denying Medicaid or for terminating assistance.

If a case is pended, the local agency should take one of the following courses of action:

- a. If the case is eligible under another category of assistance, the case should be authorized. If the case is subsequently determined eligible as disabled, an adjustment for funding under the SSI-related category of assistance can be made for medical bills paid under the S/CC category.
- b. Cases which are not eligible under any other category should be pended awaiting a decision from the Disability Review Team. Medicaid cannot be provided for these individuals until they are determined disabled.
- c. If the A/R has not been contacted during the 90 day period, the A/R must be sent a statement at this time informing him/her that a decision has not been made as yet. (See Exhibit 9.)

## 7. Submitting Cases for Continuing Disability Review (CDR)