

MEDICAID DISABILITY MANUAL

address the findings, conclusions and the decision.

- d. The Disability Review Team shall establish the effective date of disability in accordance with Section D.6. The effective date is the first day of the month in which the individual meets the disability criteria and not earlier than 3 months prior to the month of application for Medicaid.
- e. The Disability Review Team must maintain statistics as to the number and disposition of the cases reviewed. The "Review Team Quarterly Statistics Report", should be completed quarterly and mailed to the address printed on the back of the form. (Districts that maintain a Disability Review Team may obtain the template "Review Team Quarterly Statistics Report" by contacting the New York State Disability Review Team.)
- f. When a case is submitted for redetermination, the Disability Review Team must determine if an individual's disability continues by using the Continuing Disability Review (CDR) process set forth in this manual. If disability continues, the case is classified either Group I or Group II. If the case is classified Group II, a new expiration date is given based on how long the disability is expected to last. This certification period can be for less than or greater than 12 months.

6. **Effective Date of Disability**

Department Regulation Section 360-5.8

An effective date of disability shall be established by the Disability Review Team for each individual who is determined disabled. It is important to establish the effective date of disability as early as possible. The following guidelines should be used in determining this date:

- a. **Initial Certification** - The effective date of disability cannot be more than three months prior to the month of application for Medicaid for initial certification. In order for the effective date to be established three months prior to the month of application, medical evidence must indicate that the individual was disabled during that period.

Most cases will be approved for a period of at least 12 months. It is, however, important to note the distinction between the disability **onset** date, which refers to the date on which the A/R actually meets the disability criteria, and the disability **effective** date, which refers to the date from which the A/R is approved for disability for Medicaid purposes. There are cases in which the onset of the A/R's disability is prior to the earliest possible Medicaid effective date (i.e., onset date is more than three months prior to the date of application), and in which the A/R's disability has lasted or may be expected to last less than 12 months after