

MEDICAID DISABILITY MANUAL

- b. Denial for SSI for Medical Reasons - Individuals denied SSI for medical reasons who are in receipt of cash assistance and who claim an impairment or unemployability status must appeal any denial of his/her initial SSI application and exhaust the available administrative remedies.

All other individuals denied SSI for medical reasons should be urged to cooperate in the SSI appeals process. An individual may become disabled subsequent to an SSI denial. If an individual's medical condition deteriorates, he/she should be urged to reapply for SSI. For the individual who requests Medicaid-Only, a disability review is appropriate in the following circumstances:

-The individual alleges a **different or additional disabling condition** than that considered by SSA in making its determination; or

-**Less than 12 months** after the most recent unfavorable SSA disability determination, the individual alleges that his/her **condition has changed or deteriorated**, alleges a **new period of disability** which meets the duration requirement, **and**:

- SSA has refused to reopen or reconsider the allegations; **or**
- The individual no longer meets the non-disability requirements for SSI but may meet the State's non-disability requirements for Medicaid eligibility.

-**More than 12 months** after the most recent unfavorable SSA disability determination, the individual alleges that his/her **condition has changed or deteriorated**, alleges a **new period of disability** which meets the duration requirement, and **has not applied to SSA regarding these allegations**.

5. **Loss of SSI Eligibility** - No disability review is necessary for an individual who loses SSI eligibility for reasons unrelated to his/her medical condition prior to the individual's medical re-examination diary date. This date is the time when SSA was to have re-evaluated the individual's medical condition. To obtain the individual's medical re-examination diary date and the reason the individual's SSI benefits were terminated, the local agency should contact the SSA District Office requesting this information.

If the individual was terminated for other than medical reasons and if there is a medical diary date, the individual can be considered disabled for Medicaid purposes until that date. To certify that the individual remains disabled beyond this date, or if no diary date is available, the local agency must submit the case to the Disability Review Team for a disability review.

6. **SSI Recipients with Medical Bills for Three Months Prior to SSI Eligibility** - The local agency is responsible for determining retroactive eligibility for SSI recipients who have medical bills incurred in the three-month period prior to the month of application for SSI (three months prior to the Medicaid effective date, field 277 on the SDX, or WMS Screen 5 Medicaid "From" date). In order to claim funds under the SSI-related category for these medical bills, a disability review and a financial determination is necessary for this three-month period. The local agency should consult the SDX for the disability date.