

**CATEGORICAL FACTORS
SSI-RELATED**

DISABILITY

- (i) When the A/R appears to suffer from a physical and/or mental impairment. Some examples are difficulty walking, standing, breathing, concentrating, following instructions or remembering;
- (j) When the A/R indicates present or past employment at a sheltered workshop or participation in a rehabilitation program;
- (k) When the A/R indicates that s/he has outstanding medical bills during the three-month period prior to the date on which s/he became eligible for SSI;
- (l) When the NYS Department of Health identifies cases with potentially disabling diagnoses that have not previously been reviewed for disability.

Verification:

When the A/R is SSI-related because s/he receives SSI or RSDI, the A/R provides documentation of the Social Security Administration's determination of disability. A copy of the SSA benefit check is sufficient proof of disability since it shows the RSDI claim number. Certain alpha suffixes on the claim number identify the check as a disability payment (See **INCOME SOCIAL SECURITY RETIREMENT, SURVIVORS AND DISABILITY INSURANCE/RAILROAD RETIREMENT AND VETERAN'S BENEFITS**). Local districts contact the SSA office to determine the current alpha suffix for disability checks.

When an A/R loses eligibility for SSI cash for reasons unrelated to his/her medical condition, generally a disability determination is not required. If the A/R lost eligibility prior to the date when SSA was to be reevaluating the A/R's medical condition, the A/R is considered disabled until his/her medical diary reexamination date. The local district contacts the SSA district office to obtain the medical diary reexamination date and the reason why SSI benefits were terminated.

When the determination of disability is made by the local or State Medicaid Review Team, a copy of the most current LDSS-639: "Disability Review Team Certificate" is included in the case record.

NOTE: End dates for all Group II certifications must be tracked through WMS and medical evidence gathered for a continuing disability review prior to the Group II disability end date.

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Documentation: Sufficient to establish an audit trail:

- (a) A copy of the RSDI award letter, RSDI check or sufficient identifying information (i.e., date of award, name of official signing the document);
- (b) A current LDSS-639 indicating Group I or Group II certificate of disability by the State or local Review Team;
- (c) The code indicating disability on the SDX;
- (d) An SSA 1610 completed by the SSA district office; or
- (e) A copy of the information from the Third Party Query System.

Disposition: When an A/R is certified disabled, s/he is SSI-related. After following the appropriate budgeting procedures (See **INCOME SSI-RELATED BUDGETING METHODOLOGY**), his/her income is compared to the Medically Needy Income level or the Medicaid Standard (and MBL Living Arrangement Chart as appropriate) whichever is most beneficial (See **REFERENCE MEDICALLY NEEDED INCOME AND FEDERAL POVERTY LEVELS, LIVING ARRANGEMENT CHART**). His/her resources are compared to the appropriate Medicaid resource level (See **REFERENCE MEDICAID RESOURCE LEVELS**). SSI-related A/Rs are offered a choice between SSI-related budgeting and ADC-related budgeting methodology, when they also meet ADC categorical requirements. If the individual's income eligibility is the same under both budget types and the individual is not eligible for, or does not wish to participate in Medicaid Buy-In for Working People with Disabilities (MBI-WPD), the individual must be given the ADC-related category of assistance, since benefits under this category are not limited based on resources.

The A/R is advised of benefits which may be available to him/her under the Social Security Disability (SSD) and/or Supplemental Security Income (SSI) programs. If s/he is interested, s/he is referred to the local Social Security District Office for a determination of SSI and/or SSD eligibility.

The A/R is also informed of the possibility of receiving an increased Food Stamp benefit if an individual is certified disabled. When a PA or Medicaid recipient is certified disabled, the cost of his/her medical care and services may be claimed as SSI-related retroactively from the effective date of disability, subject to the two year federal claiming limitations.