

MEDICAID DISABILITY MANUAL

I. INTRODUCTION

Department Regulation Section 360-5

The purpose of this Manual is to consolidate the procedures and regulatory reference materials which are used in the determination of disability status for Medicaid applicants and recipients (A/R). The guidelines in this Manual serve as the basis for the determination of an A/R's disability by the Department's Disability Review Team or by the Disability Review Team of those local agencies that perform this function.

Agency personnel who are responsible for processing Medicaid disability cases should familiarize themselves with the contents of this Manual and utilize it on an ongoing basis. Particular attention should be given to the section on local agency responsibilities.

The importance of the disability category of assistance cannot be overemphasized. Single individuals and childless couples (i.e., not living with their children under the age of 21) between the ages of 21 and 65 qualify for Medicaid only if they are financially eligible for Temporary Assistance. However, if single individuals or childless couples (S/CCs) are certified blind or disabled, they may qualify for Medicaid as a result of more favorable eligibility criteria. Children and pregnant women may also be eligible for more favorable financial eligibility criteria if they are certified disabled.

New York State is currently providing Medicaid with federal participation to most recipients, regardless of category of assistance. This time limited waiver was granted pursuant to Section 1115 of the Social Security Act. The waiver agreement specifies that budget neutrality must be demonstrated to the federal government for the waiver period. Thus, identifying disabled recipients from the S/CC category is important for the purpose of the cost neutrality calculation.

The criteria for determining whether an individual is disabled for Medicaid purposes are contained in this Manual and are the same as those used by the federal government for determining whether a person is disabled under the Social Security Act Title XVI (Supplemental Security Income) and/or Social Security Act Title II (Disability Benefits). Consequently, individuals who are eligible under these programs are considered disabled for Medicaid upon appropriate verification.

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In accordance with Title XIX of the Social Security Act, disability and blindness are two categories under which Medicaid may be provided. Title XIX, Section 1902, provides that the Medicaid program use the same definition of disability used in the Supplemental Security Income (SSI) program, except for certain cases originating prior to January 1, 1974.

The federal requirements for the evaluation of disability or blindness for the SSI program are contained in the Code of Federal Regulations, 20 CFR Part 416. The statutory basis for the State's Medicaid program is found in Title II of Article 5 of the New York State Social Services Law.