

Medical Insurance and Community Services Administration (MICSA)

MEDICAID ALERT

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Disability Form Completion When Submitting Cases for Medical Review

The purpose of this Alert is to provide information to Client Representatives, Homecare Providers and other entities assisting consumers to apply for Medicaid with a trust, or assisting consumers with existing cases who are now submitting a trust request. For the purpose of establishing eligibility with a trust, all consumers, including those who are age 65 or older, must be certified disabled and otherwise categorically eligible for Medicaid or Medicaid Excess income.

If the trust requester does not have a disability determination from the Social Security Administration or from this agency's Disability Service Program (DSP), medical forms LDSS-486T, **Medical Report for Determination of Disability** and LDSS-1151 **Disability Questionnaire** must be completed in their entirety and submitted along with required HIPPA forms.

Currently, many disability determination requests for consumers age 65 and older seeking to establish a trust are being received with an incomplete LDSS-1151. Specifically, in the "Work Section" on LDSS-1151, the agency has been receiving cases marked with a large "X" throughout this section. The completion of the Work Section is extremely important and must include documentation or a description of the job title, type of business, date worked, hours worked per/week and the rate of pay. The kind and amount of physical activity involved in each job must also be noted as well, but only if the consumer held a job within the last 15 years. If not employed within that time frame, each related section of the form should be annotated with "N/A" (Not Applicable).

State General Information System release GIS 12MA/027, **Medical Evidence Gathering for Disability Determinations**, issued 1/12/12, notes the importance of completing of the educational and work history portions of the LDSS-1151. This information extremely important because these vocational factors are absolutely necessary when determining disability based on residual functional capacity.

We also want to remind all of the importance of fully completing the LDSS-486T (and to attach additional medical notes when available) to avoid preventable Non-Action deferrals. All sections are important to the disability determination, including information regarding the date of last exam, height, weight and exertional and non-exertional functions.

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Questions regarding disability requests are to be submitted to Pooled Trust Coordinator at 929 -221-0868. For all other cases deferred for incomplete medical forms or returned as No Action, responses should be directed to the area that deferred the case or asked that additional medical information be submitted. By releasing this Alert, we hope to decrease the number of cases that have to be returned as "No Action" for insufficient documentation, delaying the disability determination process. PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF NYC Medicaid Alerts are a Periodic Service of the NYC Human Resources Administration