

Social Services Manual

Revision #

CATEGORY Expedited Medicaid

[HTTP://WWW.DSHS.WA.GOV/MANUALS/SOCIALSERVICES/SECTIONS/SSIF D GAX.SHTML](http://www.dshs.wa.gov/manuals/socialservices/sections/ssif_d_gax.shtml)

Issued **December 2, 2010**

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Summary : The authority for determining expedited Medicaid and the obligation to adopt a SSA denial decision and terminate expedited has been clarified and represents a necessary change in policy in order to comply with federal regulations.

EXPEDITED MEDICAID (DL-X)

Revised June 24, 2010

Purpose: Describe the eligibility requirements and process for Disability Lifeline –Expedited Medicaid.

[WAC 388-448-0180](#) How do we redetermine your eligibility when we decide you are eligible for general assistance expedited Medicaid (GAX)?

[WAC 388-448-0200](#) Can I get general assistance while waiting for Supplemental Security Income (SSI)?

WAC 388-448-0200

Effective May 1, 2004

WAC 388-448-0200 Can I get general assistance while waiting for Supplemental Security Income (SSI)?

1. You may receive general assistance benefits while you are waiting to receive Social Security Supplemental Security Income (SSI) benefits only when you:
 - a. Have filed your SSI application with the Social Security Administration (SSA), follow through with SSA directions and requirements to process your application including keeping all interview and consultative examination appointments, and do not withdraw your application;
 - b. Agree to assign the initial or reinstated SSI payment to us provided under WAC [388-448-0210](#);

- c. Are otherwise eligible according to [388-400-0025](#); and
 - d. Meet incapacity criteria listed in [388-448-0001](#).
2. When we obtain certification that you are likely to qualify for SSI, we also approve categorical needy medical coverage under [388-505-0110](#).

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EXPEDITED MEDICAID [STATE PLAN? AUTHORITY ? BACKGROUND?] FOR STATE DETERMINATIONS OF MEDICAID

Section 1902(V)(1) (42 U.S.C. 1396a) describes our State Plan for providing Medicaid to persons who are certified as likely to qualify for SSI:

The plan covers individuals not receiving SSI who the State finds blind or disabled and who are determined otherwise eligible for assistance during the period of time prior to which a final determination of disability or blindness is made by Social Security Administration. The State applies the definitions of disability and blindness found in Section 1614 (a) of the Social Security Act.

Under Title 42 Part 435 Subpart F section 541 of the Federal Code of Regulations (42 CFR § 435.541), states may make a determination of disability:

1. In accordance with the requirements for evaluating evidence under the SSI program specified in 20 CFR § 416.901 through § 416.998.
2. Based on medical reports and other non-medical information that conform to the requirements in 20 CFR part 416, subpart 1.
3. By a disability review team, consisting of a medical or psychological consultant and another person who is qualified to interpret and evaluate medical records, who review medical reports and other information, and determine whether the individual's condition meets the definition of disability.

NOTE: The team certifying expedited Medicaid starts with YOU! Only refer people who appear to be disabled to a DL-X contracted doctor!

CLARIFYING INFORMATION

certifying [? Assessed as having a disability?]

1. ~~1.~~ We must ~~obtain a certification~~ certify from a DL-X contractor that a person is likely to qualify for SSI before expedited Medical benefits (DL-X) can be approved.
2. A team consisting of a social worker and a contracted doctor may make an expedited Medicaid decision.
2. DL-X contractors must apply the SSA [evidentiary requirements](#), [disability listing](#) criteria, and vocational factors when determining eligibility for DL-X.
3. If a person is denied DL-X due **solely to the source of medical evidence, or due to the medical evidence being incomplete by SSA standards**, refer the person for SSI facilitation with a request to re-submit for DL-X when medical information from a doctor is available. Don't

send a Medicaid denial letter. The final medicaid decision is pending additional medical evidence.

4. Persons eligible for DL-X receive full scope Medicaid coverage and state funded Disability Lifeline (DL) cash benefits.
5. DL-X medical coverage may be approved with a back-dated eligibility date (WAC 388-416-0015WAC 388-416-0015) up to three months before the initial DL application date when:
 - a. Unpaid medical bills exist,
 - b. Medical evidence indicates the person was disabled for the dates of requested retroactive medical coverage, and
 - c. The person meets all other eligibility factors including financial eligibility.

~~6. DL-X Contractors approve or deny DL-X.~~

NOTE: DL-U recipients who have a Non Grant Medical (NGMA) or Social Security Disability medical approval (SSI in Early Input status) are eligible for DL-D Medicaid. Don't refer for DL-X.

- ~~67.~~ Persons receiving DL-X must have their medical eligibility for their cash grant reviewed at least every 12 months -using the procedures in the INCAPACITY section.

~~REDETERMINATION determined~~

~~8. Once the DL-X Contractor approves DL-X, no further referrals to a DL-X contractor are needed to maintain eligibility for Medicaid coverage:~~

~~a. Through the SSA Post Appeals decision if the person is otherwise eligible for DL-~~

~~b. While the person participates in DASA chemical dependency treatment services.~~

~~c. When DL is reopened within six months of termination.~~

~~DL-X CONTRACTORS~~ MEDICAL AND PSYCHOLOGICAL CONSULTANTS:

1. Are licensed physicians and psychologists under contract with the Department of Social and Health Services - Community Services Division (CSD).
2. Receive DL-X request referrals. The referrals may be sent to any DL-X Contractor appropriate to review the type of impairment as indicated on the DL-X Data screen in ICMS.
3. Provide the following services:
 - a. May complete a certification for medicaid if a disabling impairment is within their scope of expertise and the referring social worker agrees the person meets SSI disability Certify when a person appears to meet SSI disability criteria.
 - b. Describe additional medical evidence or steps the facilitator may take when evidence is inadequate to approve DL-X Medicaid.
 - c. Return the completed DSHS 14-333B, Certification for Medicaid: DL-X Decision to the

CSO within five working days, and consult with CSO staff regarding unclear cases.

CERTIFICATION FOR CLIENTS WITH MULTIPLE IMPAIRMENTS:

The DL-X certification decision for clients with both significant mental and physical impairments will be made by a team of staff who will review:

- a. Medical and other relevant information in the electronic case record.
- b. The opinions of the contracted physicians, as provided on the physical and mental health certification for Medicaid forms.
- c. The SSA disability criteria.

WORKER RESPONSIBILITIES

1. Determine the person meets DL incapacity criteria before requesting Expedited Medicaid.
2. In cases where a person is approved for DL without medical documentation (e.g. released from psychiatric hospitalization with current treatment or by meeting Home and Community Services non-PEP approval criteria), obtain medical records and examinations as needed to support DL-X request.
3. Use DSHS 14-332, Disability Assessment to determine when a person meets SSA disability criteria
- ~~3.4.~~ **Complete and print a DSHS 14-332 whenever new medical evidence is received.**
- 4.5. Send a DL-X request at the time of the initial incapacity determination if the person appears to meet SSA disability criteria.
6. If DL-X hasn't already been requested, request DL-X within 5 working days of the date a person is referred for SSI facilitation services.
- ~~5.6~~
- 6.7. When a case was denied DL-X solely because of the medical evidence ~~not~~ doesn't meeting SSA evidentiary requirements and the person is referred for SSI Facilitation, send a request to re-submit for DL-X when medical information from a doctor is available. Don't send a Medicaid denial letter. The final Medicaid decision is pending for the additional medical evidence.

DL-X Referral

- ~~1. 7.~~ The An DL-X E-Referral expedited medicaid referral request to a medical or psychological consultant DL-X Contractor consists of the following document elements:
 - a. ~~a.~~ DSHS 14-333A, Physician's Certification for Medicaid.
 - b. A brief description of the person's impairments and why they would limit gainful employment for 12 months or more.
 - c. ~~b.~~ Attach the most recent medical records, and all relevant medical records that help to establish duration of an impairment or show treatment history. If the DL-X contractor needs more information, a request is sent to you. Send the additional medical information within 5 days through the addendum process in ICMS.
 - d. ~~e.~~ DSHS 14-050, Statement of Health, Education, and Employment.
2. Check physical referral for all physical only or primarily physical impairments.

- a. Send all relevant medical information with the referral.
- b. If a primarily physical case is denied and there are significant mental health impairments, resend the packet by checking psychological referral.
3. Check psychological referral for all psychological only or primarily psychological impairments.
 - a. Send all relevant medical information with the referral.
 - b. If a primarily psychological case is denied and there are significant physical impairments, resend the packet by checking physical referral.
4. Only ~~Don't~~ resend referrals to the same contractor type when submitting ~~without~~ additional medical evidence.
5. When clients who have significant physical and significant mental health impairments are denied by both the ~~medical doctor-physician~~ and psychologist for expedited medicaid, send an email requesting an **Expedited Medicaid Decision** to Jennifer.Peterson@dshs.wa.gov .

See the [Barcode Quick Guide](#) to learn how send selected pages from a large file in the ECR:

[Attaching DMS Documents to Letters](#)

88. Additional information that may be included in a referral packet:
- a. Aging and Adult Services Comprehensive Assessment Reporting and Evaluation (CARE) assessment.
 - b. Personal observations. [\[Copy of SSA 3368, Adult Employment and Disability History?\]](#)
 - c. Activities of Daily Living reports.
 - d. Substance abuse treatment records.
 - e. School records, especially when there is a history of special education.
 - f. Division of Vocational Rehabilitation records.

NOTE: E-Referrals are limited to 50 pages. If sending an E-Referral larger than 50 pages, send the first 50 pages with the E-Referral, then return to the DL-X referral screen in ICMS and send an addendum with the remaining documents. Note in the comments ~~—~~ on the original referral that an ~~ad—endum~~ addendum is pending.

WORKER RESPONSIBILITIES

DL-X APPROVAL

When ~~the DL-X Contractor approves DL-X~~ a certification for medicaid is approved:

1. Send a 14-118, Incapacity Decision, to make a program change from DL-U to DL-X.
2. The effective date of DL-X is the 1st of the Month where:
 - a. DL-X is approved, or

- b. Retroactive DL-X coverage may be approved (up to three calendar months prior to the date of application).

DL-X Denial

When ~~the DL-X Contractor denies DL-X~~ a certification is denied:

1. Inform the person of the denial by sending DSHS 14-343, SSI Facilitation Program Medicaid Decision Letter.
2. Request additional information if necessary. See Resubmitting DL-X Requests below. Only submit a second request if there is additional medical evidence that was not available in the first request.

Resubmitting DL-X Requests

1. Re-send (resubmit) a new request packet **only** when:
 - a. The original referral packet was incomplete, or
 - b. You obtain new medical information that supports a claim of disability.
2. When resubmitting a request, re-send the medical information in the previous E-Referral along with new medical information and a new 14-333B.

WAC 388-448-0180

Effective May 1, 2004

WAC 388-448-0180 How do we redetermine your eligibility when we decide you are eligible for general assistance expedited Medicaid (GAX)?

1. The maximum period of eligibility for GAX is twelve months before we must review additional medical evidence. If you remain on GAX at the end of the twelve-month period, we determine your eligibility using current medical evidence.
2. If your application for SSI is denied, and the denial is upheld by an SSI/SSA administrative hearing, we change your program eligibility from GAX to GAU if you do not provide proof you have filed an appeal with SSI/SSA appeals council within sixty days of your hearing decision.
3. We change your program eligibility from GAX to GAU after the final SSI/SSA determination or if you fail to follow through with any part of the SSI/SSA appeals process.

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TERMINATION OF EXPEDITED MEDICAID

1. Eligibility for DL-X ends when an unfavorable determination by SSI/SSA has been made and the person doesn't appeal the decision within 60 days. This applies to all levels of SSI/SSA decisions: initial, reconsideration, hearing, and post appeal.
2. Once SSI/SSA has denied a disability claim and the person has not filed a timely appeal, DL-X medical can't be reapproved. The department is bound by the SSA disability decision per 42 CFR 435.541 (2)(b)(i).
3. If SSA approves disability at a future date, the person is eligible for DL-D from the disability determination date.

WORKER RESPONSIBILITIES

1. ~~When a SSI/SSA initial, reconsideration, or hearing determination is Use DSHS 14-502 SSI hearing denial letter to inform unfavorable, inform~~ the DL-X recipient that they must provide proof of ~~an~~ appeal with ~~SSA, the or the~~ SSI Appeals Council in order to keep DL-X Medicaid benefits.
2. If DL-X recipient doesn't provide proof of a timely appeal and the person:

a. Appears to meet disability criteria:

Terminate DL benefits if the person doesn't establish good cause for failing to meet the SSI appeal deadline.

b. Reapplies for DL :

- i. The person must complete a new SSI application prior to reopening cash benefits.
- ii. Use DSHS 14-118, Incapacity Decision to notify financial services to approve **DL-U** benefits after the sanction penalty period.
- iii. Don't refer for a non-grant medical determination. It has already been established the client does not meet disability criteria by SSA.
- iv. If SSA approves disability at a future date, use DSHS 14-118, Incapacity Decision to notify financial services to change from DL-U to DL-D from the date of disability established by SSA.
- v. If the person's good cause for late appeal is accepted by SSA, reinstated DL-X benefits.

2-c. No longer appears to meet disability criteria:

- ~~a. Don't refer for a non-grant medical determination. It has already been established the client does not meet disability criteria.~~
- i. b. Use DSHS 14-118, Incapacity Decision to notify financial services to change from DL-X to DL_
- ii. -U. Don't refer for a non-grant medical determination. It has already been established the client does not meet disability criteria by SSA.
- iii. e. Inform the financial worker of any potential medical eligibility information, such as a claim of pregnancy or intent to return to a family.

~~3. Use DSHS 14-118, Incapacity Decision to notify financial services to change from DL-X to DL-U when:~~

- ~~a. The final SSI/SSA determination is unfavorable.~~
- ~~b. The client fails to follow through with the appeals process.~~

LINKS

- [Social Security Listings](#)
- [Evidentiary Requirements](#)
- [SSI](#)

[Search IESA Clarification Database](#)

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Modification Date: June 24, 2010

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