Department of Social and Health Services

Olympia, Washington

Social Service Manual

Revision # 96

CATEGORY: Expedited Medicaid (DL-X)

http://www.dshs.wa.gov/manuals/socialservices/sections/SSIF_D_GAX.shtml

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Summary: Clarified policy regarding Expedited Medicaid Reconsideration for clients who have been denied SSI and failed to file a timely appeal.

EXPEDITED MEDICAID (DL-X)

Revised March 25, 2011

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

WAC 388-448-0200

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.

AUTHORITY 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

1. We must certify 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 form a doctor is available. Don't send a Medicaid denial letter. The final ~~m~~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 388-416-0015) 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.

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.

6. 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.

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 ~~m~~Medicaid if a disabling impairment is within their scope of expertise and the referring social worker agrees the person meets SSI disability criteria.
    b. Describe additional medical evidence or steps the facilitator may take when evidence is inadequate to approve 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
4. **Complete and print a DSHS 14-332 whenever new medical evidence is received.**
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.
7. When a case is denied DL-X solely because the medical evidence doesn't meet 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. An expedited ~~m~~Medicaid referral request to a medical or psychological consultant consists of the following elements:
    a. DSHS 14-333A, 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. 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. 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 resend referrals to the same contractor type when submitting additional medical evidence.

5. When clients who have significant physical and significant mental health impairments are denied by both the physician and psychologist for expedited ~~m~~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

8. 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 addendum is pending.

WORKER RESPONSIBILITIES

DL-X APPROVAL

When a ~~c~~Certification for M~~m~~edicaid 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 a ~~c~~Certification of Medicaid 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

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.

TERMINATION OF EXPEDITED MEDICAID

1. Eligibility for DL-X ends when a final ~~n unfavorable~~ disability determination ~~by SSI/SSA~~ has been made at the SSA Post-Appeal stage, or ~~and the person doesn't appeal the decision within 60 days.~~ when an unfavorable disability determination is made at the initial, reconsideration, or hearing stage AND the person fails to file a timely appeal. ~~This applies to all levels of SSI/SSA decisions: **initial, reconsideration, hearing, and post appeal**.~~
2. ~~If~~Once SSI// SSA ~~has~~ denie~~d~~sd a disability claim and the person fails to file a timely appeal~~has not filed a timely appeal~~, ~~DL-X medical can't be reapproved. T~~the department is bound by the SSA disability decision per 42 CFR 435.541 (2)(b)(i)~~.~~, with exception to the specific circumstances detailed under Reconsideration of Expedited Medicaid detailed below.

~~3.~~ If SSA approves disability at a future date, the person is eligible for DL-D from the disability determination date.~~.~~

NOTE: An SSI/SSA denial based upon non-disability criteria (e.g. over-resource, insufficient medical evidence) is not considered an SSA disability determination.

~~4.~~

WORKER RESPONSIBILITIES

1. When an SSI/SSA **initial, reconsideration, or hearing** determination is unfavorable, the SSIF informs the DL-X recipient that they must provide proof of an appeal with SSA or the SSI Appeals Council within 60 days in order to keep DL-X Medicaid benefits.
2. If DL-X recipient doesn't provide proof of a timely appeal within 60 days of the SSA denial decision, the SSIF **terminates DL benefits** unless the person can establish good cause for failing to meet the SSI appeal deadline. See Sanctions – SSI Applications, for how to determine good cause for failing to follow SSA rules.
3. If the SSIF determines the person no longer appears to meet disability criteria, after reviewing the SSI denial letter and medical evidence in the electronic case record (ECR):
    a. The person has good cause for failing to file an SSA appeal since they don't appear to be eligible for SSI.
    b. The SSIF uses DSHS 14-118, Incapacity Decision to notify financial services to change from DL-X to DL-U.

    ~~c. Don't refer for a non-grant medical determination. It has already been established the client does not meet disability criteria by SSA.~~

    ~~d. The SSIF informs the financial worker of any potential medical eligibility information, such as a claim of pregnancy or intent to return to a family.~~

~~e.~~c. The SSIF notifies the ISW that the person is no longer eligible for~~the person is no longer in~~ SSI facilitation services and that a new case management plan will need to be developed.

~~f.~~d. The ISW will develop a new case plan with the person and send ~~-~~an updated DSHS 14-249.

EXAMPLE

Audrey applied for SSI based on a claim of depression and degenerative disc disease. She is limited to sedentary work and she last worked a sedentary job seven years ago. At the time of her SSI application, Audrey's depression would have kept her from performing past work as an office manager, but she has responded well to medication and is now primarily incapacitated by degenerative disc disease. Audrey continues to meet incapacity criteria, but does not meet SSI disability criteria because she can perform her past work as an office manager. SSI facilitation is no longer appropriate for Audrey and the SSIF sends a 14-118 to the financial worker to change her medical benefits to DL-U and notifies the ISW that Audrey needs a new case plan to help her return to work.

4. If the person appears to be disabled, is terminated by the SSIF for failing to file a timely appeal ~~as a condition of eligibility for DL,~~ and reapplies for DL benefits:

   a. The person must provide proof that their prior SSI claim has been reopened by SSA or complete a new SSI application, in order to be eligible for ~~prior to reopening~~ cash benefits.

   b. The SSIF a~~A~~ssist the person with filing a good cause request with SSA for a late reconsideration or appeal if appropriate.

   c. If the person's good cause request is denied by SSA and the person does not meet the criteria outlined in the Reconsideration of Expedited Medicaid section below, the SSIF uses the DSHS 14-118 to approve DL benefits with the sanction penalty period.

   d. ~~Don't refer for a non-grant medical determination. It has already been established the client does not meet disability criteria by SSA.~~ If the person's SSI claim is reopened by SSA or the person meets the criteria outlined in the Reconsideration of Expedited Medicaid section below AND is approved by the medical or psychological consultant, the SSIF uses the DSHS 14-118 to approve DL-X benefits with the sanction penalty period.

   ~~e. If SSA approves disability at a future date, the SSIF uses the 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.~~

   ~~f. If the person's good cause for late appeal is accepted by SSA, the SSIF uses the DSHS 14-118 to financial staff to reinstate DL-X benefits.~~

EXAMPLE

Bob applied based on a claim of anxiety disorder. He has had a history of sporadic compliance with prescribed treatment and was denied SSI for failure to comply with treatment. Bob's history shows that even when he is compliant with treatment, his anxiety significantly affects his daily functioning, and he appears to be disabled by his mental health condition. Bob failed to file a timely appeal because he felt it was too stressful. SSIF facilitation is appropriate for Bob and he does not have good cause for failing to file an appeal. The SSIF uses a 14-118 to inform the financial worker to terminate DL-X in sanction. After Bob reapplies and files a new application and, the SSIF uses a 14-118 inform the financial worker to open DL-U after the Bob servers his sanction penalty period.

RECONSIDERATION OF EXPEDITED MEDICAID

Per Title 42 Part 435, Section 541 of the Federal Code of Regulations (42 CFR § 435.541) Medicaid (DL-X) eligibility may be reconsidered following an unfavorable SSA disability determination, if the person: If

1. Alleges a disabling condition different from, or in addition to, that considered by SSA in making its determination; or
2. Alleges more than 12 months after the most recent SSA determination denying disability that his or her condition has changed or deteriorated since that SSA determination and alleges a new period of disability which meets the durational requirements of the Act.
3. Alleges less than 12 months after the most recent SSA determination denying disability that his or her condition has changed or deteriorated since that SSA determination, alleges a new period of disability which meets the durational requirements of the Act, and

    a) Has applied to SSA for reconsideration or reopening of its disability decision and SSA refused to consider the new allegations; and/or
    b) He or she no longer meets the nondisability requirements for SSI but may meet the State's non-disability requirements for Medicaid eligibility.

WORKER RESPONSIBILITIES

1. When a person appears to meet SSA disability criteria but has failed to file a timely appeal following an unfavorable disability determination at the initial, reconsideration, or hearing level, review the case record to determine whether Expedited Medicaid reconsideration is appropriate.
2. If the person alleges a new condition that was not considered by SSA as part of the unfavorable disability determination and the person appears to meet SSA disability criteria based upon available medical evidence, complete an Expedited Medicaid referral,

3. If the person alleges more than 12 months after the unfavorable SSA disability determination that his or her condition has deteriorated and the person appears to meet SSA disability criteria based upon available medical evidence, complete an Expedited Medicaid referral.

NOTE: It is in the best interest of the recipient and the Department to reopen an existing SSA claim rather than filing a new application when possible. If it appears the recipient may have a legitimate reason for failing to file a timely appeal, require the person to file a good cause request for a late reconsideration or appeal with SSA and provide assistance when appropriate.

4. If the person alleges less than 12 months after the unfavorable SSA disability determination that his or her condition has deteriorated and appears to meet SSA disability criteria:

   a) Require the person to file a good cause request for a late reconsideration or appeal with SSA and provide assistance as needed.
   b) If the social worker receives proof that SSA has denied the person's good cause request and the person appears to meet SSA disability criteria based upon available medical evidence, complete an Expedited Medicaid referral,

EXAMPLE

Mickey's initial SSI claim based upon an allegation depression and anxiety was denied by SSA and he failed to file a request for reconsideration within 60 days. Mickey applies for DL and alleges that he is disabled due to severe cardiomyopathy. The social worker requests appropriate medical evidence and determines that Mickey appears to meet SSA disability criteria based upon his newly reported cardiovascular condition. Because Mickey has alleged a new disabling condition and appears to meet SSA disability criteria, the social worker processes an Expedited Medicaid referral.

EXAMPLE

Phil's initial SSI claim based upon an allegation of depression was denied at the reconsideration stage and he failed to file a hearing request within 60 days. Phil applies for DL 12 months after the unfavorable SSA disability determination and alleges that his mental health has significantly deteriorated. Phil appears to meet SSA disability criteria based upon available medical evidence. Because Mickey has alleges that his condition has deteriorated and it has been more than 12 months since the unfavorable SSA disability determination, the social worker processes an Expedited Medicaid referral.

EXAMPLE

Bill's SSI claim based upon an allegation of PTSD and depression was denied at the reconsideration level and he failed to file a hearing request within 60 days. Bill reapplies for DL 6 months after the unfavorable SSA disability determination, alleging that his mental health has deteriorated. The social worker assists Bill in filing a good cause request for late appeal, but SSA denies the request. Because SSA has refused to reopen Bill's claim and he appears to meet SSA disability criteria, the social worker processes an Expedited Medicaid referral.

LINKS

Social Security

- Social Security Listings
- Evidentiary Requirements
- SSI

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