

Medicaid Disability Determination Process

Medicaid Eligibility Groups

To receive Medicaid a person must be:

- age 65 or over (referred to as aged)
- blind
- **disabled**
- a child under age 19 (or age 21, if in state custody)
- a caretaker parent (or other relative) of a low-income child
- a pregnant woman
- a woman in need of treatment for breast or cervical cancer
- an individual under age 26 who was in foster care on the date they turned age 18 or 30 days prior

Disability

The definition of disability for MO HealthNet is the same definition used to determine disability for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits.

Disability

The Social Security Act defines disability as:

- the inability to engage in any substantial gainful activity (SGA) due to a physical or mental impairment(s) which:
 - can be expected to result in death or
 - has lasted or can be expected to last for a continuous period of at least 12 months.
- SGA is the ability to be employed and earn over \$1,180 per month (2018).

Ticket to Work Health Assurance (TWHA)

The disability definition for the TWHA Medicaid program is slightly different:

- A person earning above the SGA who otherwise meets the disability requirement may qualify for Medicaid through the TWHA program.
- A person with a medically improved condition may qualify for TWHA.

Disability

- If an individual is receiving SSDI or SSI, medical information is not needed to establish disability for MO HealthNet.
- If not receiving SSDI or SSI, current medical information must be submitted to the Family Support Division's Medical Review Team (MRT) for a disability determination.

Forms Required By MRT

- IM-61B - Disability Questionnaire
- IM-61C – Work History
- IM-61D - Doctor/Medical Facility List
- MO 650-2616 – “Authorization for Disclosure of Consumer Medical/Health Information” to the Department of Social Services FSD Medical Review Team

Forms and information needed by MRT

- Record of Treatment
- Evaluation by a psychiatrist or licensed clinical psychologist
- Global Assessment of Functioning (GAF)
- IM-60A – Medical Report

Disability Questionnaire (IM-61B)

- Fill in the client's answers to all the questions.
- Leave the pertinent information and observations of the Eligibility Specialist section blank.

Work History (IM-61C)

The form asks for the past 10 years work history.

- Complete the form based on information readily available from the individual, do not delay submitting the form trying to get exact information.
- If the individual doesn't remember specific information such as phone numbers, addresses, monthly income, etc. just put an approximation based on what is remembered.
- Reason for leaving and job duties are important if the reason for it or the inability to perform the job duties are related to the individual's medical condition.

Doctor/Medical Facility List (IM-61D)

The form asks the individual to list all hospitals, medical facilities, and physicians from whom he or she has received medical care in the past 12 months.

Mental health professionals, such as psychologists, advance practice nurses, and licensed clinical social workers should also be included.

Authorization for Disclosure of Consumer Medical/Health Information (MO 650-2616)

- On the front:
 - Enter the client's name and date of birth;
 - Check other for who is to disclose the information;
 - Check other for who is to receive the information and enter Department of Social Services FSD Medical Review Team
 - Check eligibility determination for the purpose
- On the back the client needs to:
 - Sign #2 to authorize release of alcohol and drug abuse information
and
 - Sign and date the form.

Record of Treatment

- The record of treatment should be for the past twelve months, and include a psychological evaluation (if the disability is a serious mental illness).
- The **psychological evaluation must be signed or co-signed by a psychiatrist or licensed clinical psychologist.** The signature of an Advanced Practice Nurse (APN) or Licensed Clinical Social Worker (LCSW) is insufficient, even if the APN or LCSW is the primary source of the record.

Record of Treatment

If the psychological evaluation is not signed or co-signed by a psychiatrist or a licensed clinical psychologist, it will be accepted if someone with those credentials either:

- signs a letter stating he or she has reviewed the evaluation and concurs with the findings;

or

- completes and signs the diagnosis / certification section of the IM-60A (Medical Report) form, available at <http://dmh.mo.gov/ada/provider/mrtpacket.html>, certifying that in his or her opinion the patient has a disability.

Global Assessment of Functioning (GAF)

- A person with a GAF score of 50 or under is generally considered disabled by MRT, as long as the medical evidence supports the score.
- If the GAF score is over 50, MRT will consider other information such as the **treating psychiatrist's or psychologist's opinion** as to whether or not the person is disabled and whether the GAF is higher than 50 due to medication or treatment.

Medical Report (IM-60A)

- The IM-60A needs to be completed and signed by a psychiatrist or licensed clinical psychologist to certify that the client has a disability.
- At the top of the first page put the client's name, date of birth and if known the individual DCN.
- Leave blank the eligibility specialist, FAMIS user ID, load, date of application, date submitted to MRT as the FSD worker will fill those in.

Medical Report (IM-60A)

- The most important parts of the form are **Diagnosis** section and the **Determination of incapacity** section.
- To be determined disabled a client needs to have a mental or physical impairment that prevents him or her from engaging in substantial gainful activity that is expected to last for more than 12 months.

Permanently and Totally Disabled (PTD)

- Missouri refers to its Medicaid category for persons with disabilities as “permanently and totally disabled”.
- It is just a name, **NOT** a definition.
- It does not mean an individual cannot do any work or will never be able to work.

Submission to MRT

Submit the forms and information to:

FSD Greene County Office
101 Park Central Square
Springfield MO 65806

Email: FSD.HOSPITALAPPLICATIONS@dss.mo.gov

Fax: 417-895-6080

Include the **DMH** cover sheet as the first page of the packet of information submitted.

DMH Cover Sheet

Available on the DMH website Medicaid Eligibility page:

<https://dmh.mo.gov/medicaideligibility/dmhcoversheet.html>

Include on the cover sheet:

- the consumer's name, date of birth, and if possible DCN
- The name of the DMH agency submitting the packet - CMHC, CSTAR provider, Regional Office, etc.
- A contact person at the agency
- Check the documents included – **MUST always** have the **IM-61B, IM-61C, IM-61D, and MO 650-2616**, unless previously submitted

Authorized Representative

- A client may designate an individual or organization as the authorized representative for MO HealthNet by completing the IM-6AR form, which is available:
 - On the DSS website on the pages with information about the different eligibility groups.
 - From a link on the DMH Medicaid Eligibility page.
- The authorized representative will:
 - receive copies of requests sent to the client for additional information;
 - receive a copy of the final approval or denial notice;
 - be able to request an appeal on behalf of the client.
- A client may have multiple authorized representatives.

MRT Evaluation Process

- FSD is required to use the same five step sequential process used for SSDI/SSI evaluations found in 20 CFR 416.920:
 1. The individual must not be engaged in substantial gainful activity (SGA).

Note: this requirement does not apply to the Medicaid Ticket-to-Work category.
 2. The individual must have a severe medical impairment which limits his or her ability to do basic work activities, which has existed or is expected to exist for at least 12 months.

MRT Evaluation Process

3. If the individual's **impairment meets or equals** one of Social Security's **listed impairments** in appendix 1 to subpart P of 20 CFR 404, the **individual is considered disabled**. If not, the evaluation continues to steps 4 and 5 which require a residual functional capacity assessment.
4. If the residual functional capacity assessment indicates the individual **can do past relevant work**, the individual will be found to be **not disabled**. If the individual cannot do past relevant work, the evaluation continues to step 5.
5. If the individual's residual functional capacity assessment in combination his or her age, education and work experience prevents the individual from doing other work, the individual is considered disabled.

Ticket to Work Health Assurance (TWHA)

For the TWHA Medicaid program:

- SGA is not part of the determination
- For initial TWHA determinations, an individual has to meet a listed impairment, as they will not qualify on steps 4 and 5 as they are working.
- Once approved for TWHA, an individual whose medical condition improves to the point that it no longer meets the listing may continue to receive as long as they still have the condition.

Listed Mental Disorders

Listed mental disorders for adults (age 18 and over) are in section 12.00 of the appendix 1 to subpart P of 20 CFR 404:

- 12.02 - **Neurocognitive** disorders;
- 12.03 - **Schizophrenia spectrum** and other **psychotic** disorders;
- 12.04 - **Depressive, bipolar and related** disorders;
- 12.05 - **Intellectual** disorder;
- 12.06 - **Anxiety and obsessive-compulsive** disorders;
- 12.07 - **Somatic symptom** and related disorders;
- 12.08 - **Personality and impulse-control** disorders;
- 12.10 - **Autism spectrum** disorder;
- 12.11 - **Neurodevelopmental** disorders;
- 12.13 - **Eating** disorders;
- 12.15 - **Trauma- and stressor-related** disorders

Listed Mental Disorders for children

Listed mental disorders for children under 18 are in section 112.00 of the appendix 1 to subpart P of 20 CFR 404.

For children age 3 through 17 the listed disorders are the same as those for adults.

For children under age 3, the only listed mental disorder is:

- 112.14 - **Developmental disorders in infants and toddlers**

Evaluating Mental Impairments

FSD is required to follow the requirements in 20 CFR 416.920a when evaluating mental impairments:

- Evaluate symptoms, signs, and laboratory findings to determine if there is a medically determinable impairment.
- Rate the degree of functional limitation resulting from the impairment, considering all relevant and available clinical signs and laboratory findings, the effects of symptoms, and how functioning may be affected by factors such as chronic mental disorders, structured settings, medication, and other treatment.

Evaluating Mental Impairments

- Rate the degree of the functional limitation based on the extent to which the impairment interferes with the ability to function independently, appropriately, effectively and on a sustained basis in **four areas of mental functioning**:
 - Understand, remember, or apply information;
 - Interact with others;
 - Concentrate, persist, or maintain pace;
 - Adapt or manage oneself.

Evaluating Mental Impairments

- For the four areas of mental functioning, a five point scale is used: none, mild, moderate, marked, and extreme.
- A person with an **extreme** limitation is not able to function in the area independently, appropriately, effectively, and on a sustained basis. Extreme represents a degree of limitation that is incompatible with the ability to do any gainful activity.
- A person with an **marked** limitation is seriously limited in the ability to function in the area independently, appropriately, effectively, and on a sustained basis.

Determined Disabled

For any mental disorder (other than intellectual disorder) a person is determined disabled based on meeting the listing when the disorder is diagnosed and:

- there is an **extreme** limitation in **one** of the four areas of mental functioning;
- or
- a **marked** limitations in **two**.

Serious and Persistent Disorders

For the following disorders the listing is also met (and the person determined disabled) when the disorder is “serious and persistent”:

- 12.02 - **Neurocognitive** disorders;
- 12.03 - **Schizophrenia spectrum** and other **psychotic** disorders;
- 12.04 - **Depressive, bipolar and related** disorders;
- 12.06 - **Anxiety and obsessive-compulsive** disorders;
- 12.15 - **Trauma- and stressor-related** disorders

Serious and Persistent Disorders

The disorder is “serious and persistent” when there is a documented history of the disorder of at least 2 years duration and there is evidence of both:

- Medical treatment, mental health therapy, psychosocial support(s), or a highly structured setting(s) that is on-going and diminishes the symptoms and signs of the disorder,

and

- Marginal adjustment, meaning the person has minimal capacity to adapt to changes in their environment or to demands that are not already part of their daily life.

Intellectual Disorder

The listing for an intellectual disorder is met when there is evidence the disorder began before age 22 and the person has:

- Significantly sub-average general intellectual functioning evidenced by:
 - a full scale IQ of 70 or below, or 71-75 with either a verbal or performance IQ of 70 or below; **OR**
 - a cognitive inability to participate in standardized testing.

AND

- Significant deficits in adaptive functioning evidenced by:
 - an extreme limitation in one or marked limitation in two of the four areas of mental functioning; **OR**
 - the dependence on others for personal needs.

Determined not Disabled by MRT

If MRT determines an individual is **not disabled the decision should be appealed** by requesting an administrative hearing:

- Either the consumer or the authorized representative may request the hearing by calling the number on the denial letter.
- Hearings are held by phone, the consumer and representative call in from a local FSD Resource Center.
- At the hearing the consumer has the opportunity to explain how the medical condition affects his or her ability to work and perform activities of daily living.
- Other witnesses, can testify about the consumer's condition.

Summary

- Have someone from the agency assigned as the Authorized Representative, if possible.
- Assist the consumer in completing and submitting the disability forms (IM-61B,C,D and MO 650-2616) to MRT.
- Submit current medical records to MRT, including if possible:
 - a current psychosocial evaluation signed by a psychiatrist or licensed clinical psychologist
 - the IM-60A with the diagnosis and disability opinion of the treating psychiatrist or licensed clinical psychologist
 - a current GAF score
- Assist the consumer in requesting a hearing, if determined not disabled by MRT.

Medicaid Eligibility on the DMH Website

Medicaid Eligibility Information is available on the DMH Website at www.dmh.mo.gov on the **Programs** tab under **Other Services**

Questions

Department of Mental Health Medicaid Unit

email DMH.MedicaidEligibility@dmh.mo.gov