

December 20, 2021

Medical Report for Determination of Disability
Form LDSS-486T Revised and Replaced with DOH-5143

The purpose of this ALERT is to inform Providers, Client Representatives, Community Based Organizations (CBO's), Advocates and Agencies assisting Medicaid consumers in applying and or recertifying Medicaid cases, that New York State revised the Medical Report for Determination of disability form (LDSS-486T) and replaced it with the (DOH-5143). This form should be used when submitting disability determination request for Adults.

The Medical Report Form DOH-5143 (see attached) must be completed in its entirety and must be signed by each treating physician (more than one form should be submitted, if more than one doctor is treating the consumer).

Applicable medical records (e.g. progress notes, test reports, hospital discharge reports, etc.) **must** also be included for the most recent 12 months, or for the entire disability determination timeframe.

A request for a disability is submitted if an applicant/recipient is chronically ill and has **not** obtained a disability determination from the Social Security Administration (SSA):

- Adults between the ages of 21-64 (not certified disabled by SSA);
- Adults age 65 and older who are establishing a Pooled Trust, and not previously certified disabled;
- Children under 18 who are out of the home for 30 or more consecutive days and those children that are 18-21 who are participating in or applying for waiver services where a disability determination may be needed, continue to use the Childhood Medical Disability Report (OHIP-0005/ DOH-5151).

When submitting a disability determination request, in addition to the Medical Report for Determination of Disability Form, the following forms should be submitted:

- Disability Questionnaire form (DOH-5139);
- AIDS or AIDS Related Complex Medical Report (MAP-252F), if applicable; and
- Authorization for Release of Health Information Pursuant to HIPAA Form (OCA-960).

The Medical Assistance Program, the program will accept the LDSS-486T until February 1, 2022.

SHARE THIS ALERT WITH ALL APPROPRIATE STAFF

Section I – Identification

Agency

State Disability Review Unit OCP-826
State of New York
Department of Health
Albany, NY 12237
Telephone Number: 1(866) 330-0591

Patient

Name (Last, First, Middle)

Address (Street, City, State & Zip Code):

Date of Birth

Client ID Number

Sex

Male Female

Disability ID Number

Case Number

SSN (last four digits)

Section I – Medical Report – Note to Provider

This individual has made an application (reapplication) for Disability Medicaid. Your cooperation in completing this form to show the individual's current condition, focusing on both remaining capabilities and limitations, is requested. Your promptness will ensure an early decision on the individual's application.

Please return the completed form to the agency in Section I above, along with a copy of all medical records for the past 12 months.

Diagnosis(es) _____ Date of last exam _____
_____ Height _____ ft. _____ in.
_____ Weight _____ lbs.

Exertional Functions. Please indicate what the individual is CAPABLE of doing:

Lifting

- < 10 lbs.
- Max. 10 lbs.
- Max. 20 lbs./freq. 10 lbs.
- Max. 50 lbs./freq. 25 lbs.
- > 50 lbs.

Carrying

- < 10 lbs.
- Max. 10 lbs.
- Max. 20 lbs./freq. 10 lbs.
- Max. 50 lbs./freq. 25 lbs.
- > 50 lbs.

Standing

- < 2 hrs./day
- 2 hrs./day
- 6 hrs./day

Walking

- < 2 hrs./day
- 2 hrs./day
- 6 hrs./day

Sitting

- < 6 hrs./day
- 6 hrs./day

Pushing

- Using R arm
- Using L arm
- Using R leg
- Using L leg

Pulling

- Using R arm
- Using L arm

Non-Exertional Functions. Please check if LIMITATIONS exist in any of the areas below:

Sensory

- No Limitations
- Seeing
- Hearing
- Speaking

Postural

- No Limitations
- Stooping/Bending
- Crouching/Squatting
- Climbing

Manipulative

- No Limitations
- R Upper Extremity
- L Upper Extremity

Environmental

- No Limitations
- Tolerating dust, fumes, extremes of temperature
- Tolerating exposure to heights or machinery
- Operating a motor vehicle

Mental

- No Limitations
- Understanding, carrying out, remembering instructions
- Making simple work-related decisions
- Responding appropriately to supervision, co-workers, work situations
- Dealing with changes in a routine work setting

Provider Signature

Print Name

Date Signed

Specialty

Office Address

Office Phone Number