

April 18, 2024

Disability Determination by New York State Medicaid
Disability Review Unit (SDRU)

This Alert has been revised to advise Medicaid Providers, Hospitals, Client Representatives, Community Based Organizations, Advocates, and Agencies assisting consumers in applying for Medicaid that, the process for requesting a disability determination has changed for Applicants/Recipients applying for Medicaid. Individuals seeking to apply for Medicaid through the local district including those chronically ill and that do not have a disability determination from the Social Security Administration, with their application will be required to submit a MAP-3177 (“Disability Determination Request”) to the Medical Assistance Program (MAP) or Home Care Services Program (HCSP).

MAP-3177 “Disability Determination Request” is required to be submitted to the Medical Assistance Program (MAP) and Home Care Services Program (HCSP). The MAP-3177 “Disability Determination Request” should be completed when requesting a disability determination for applicants/recipients applying for Medicaid. MAP-3177 is part of the Medicaid application kit and is available on MARC and on HRA’s website via the following link:

Link to MAP-3177: <https://www1.nyc.gov/assets/hra/downloads/pdf/services/health/MAP-3177-E-Disability-Determinatin-Request.pdf>

The NYS Disability Review Unit (SDRU) will be processing these disability determinations. Once the Medical Assistance Program (MAP) or Home Care Services Program (HCSP) receives the MAP-3177, a referral will be sent to the SDRU, including disability forms/documents as mentioned above (if included), for a disability determination. The NYS Disability Review (SDRU) Unit will be responsible for reaching out to the Applicant/Recipient or their representative to obtain the required disability and documentation needed for the disability determination. Forms required for a disability application can be found at: https://www.health.ny.gov/health_care/medicaid/reference/mdm/adult.htm

The Medical Assistance Program (MAP) and the Home Care Services Program (HSCP) will no longer defer for additional documentation related to the disability determination – all medical evidence and required forms will be collected by the SDRU.

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The MAP-3177 form asks for:

- The consumer's name
- Date of birth
- Mailing address
- Employment information
- Visual or hearing disability
- Name of the Authorized Representative (person assisting with disability determination request). Check all applicable boxes: Apply Renew Medicaid, Discuss Medicaid Application/Case, or Receive Mail Correspondence on behalf of the consumer
- Signature of the consumer and/or representative

SDRU will provide a decision notice, the Notice of Medicaid Disability Determination OHIP-0040, to Applicants/Recipients upon a completed disability evaluation. The notice includes the Applicant/Recipient's name, case number, client identification number (CIN), and address. The notice also includes the determination made by SDRU.

If approved: The notice will include the disability effective and expiration date, if applicable. The approval section of the form contains a note that advises "individuals may be required to provide the department with medical and social information for future continuing disability review (CDR)". Applicable regulations will be included.

If disapproved: The notice section of the form will include an explanation of why the individual does not meet the disability criteria; applicable regulations will be included.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF