

August 12, 2021

**Disability Determination Form LDSS-1151 Revised  
and Replaced with DOH-5139**

The following Alert is to inform Hospitals, Client Representatives, Nursing Homes, Medicaid Providers, Community Based Organizations, Advocates and Agencies assisting Medicaid consumers in applying and or recertifying Medicaid cases, that New York State revised the Disability Questionnaire form (LDSS-1151) and replaced it with the (DOH-5139) Disability Questionnaire. This form should be used when submitting disability determination requests for both Adults and Children.

The Disability Questionnaire DOH-5139 was revised as of 01/2021 to reflect changes in the Social Security Law and consumer communication choices. This form can be completed by an adult who is either applying or asking for a case update. The form can also be completed by the adult's representative. The form must include the medical condition, education, work history and functional limitations of the applicant/recipient, which are pertinent factors in making a disability determination. Forms that are submitted for a child's case can be completed by the child's parent, guardian or representative.

A request for a disability determination should be 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;
- Children under age 18 who are out of the home for 30 or more consecutive days **or**
- Children under age 18 or ages 18-21 who are participating in or applying for a State waiver where a disability determination may be needed.

For an Adult Disability determination, the following forms should be submitted in addition to the Disability Questionnaire:

- Medical Report for Determination of Disability form (LDSS-486T);
- AIDS or AIDS Related Complex Medical Report (MAP-252F), if applicable; and
- Authorization for Release of Health Information Pursuant to HIPAA Form (OCA-960).
- Authorization for Release of Health Information Pursuant to HIPAA Form (DOH-5173) see below when to utilize which HIPAA form

For a Child Disability determination, the following forms should be submitted in addition to the Disability Questionnaire:

- Childhood Medical Disability Report, completed by an acceptable medical source; in lieu of this form, the provider may submit all progress notes and testing reports for the requested period (DOH-5151);
- Questionnaire of School Performance, completed by a teacher or school official, along with most recent IEP report, if applicable (DOH-5152);
- Description of Child's Activities, completed by a parent or guardian, or representative (DOH-5153).

Consumers who require a disability determination from NYS State Disability Review Team (SDRT) include individuals aged 65 years and older establishing a Pooled Trust; individuals applying for an evaluation for the Medicaid Buy-In for Working People with Disabilities (MBI-WPD). The Authorization for Release of Health Information Pursuant to HIPPA Form (DOH-5173) should be submitted with the other disability request forms which can be located on the New York State of Health website or on the Medicaid Authorized Resource Center (MARC).

Please note: SDRT may contact clients or their representatives directly for missing documentation.

As with all disability determinations, the submitting agency, in conjunction with the Applicant/Recipient (A/R) or the parent/guardian of the A/R must attempt to obtain all available medical information from the A/R's treating sources, in order to help establish a longitudinal medical history. Medical information should cover the timeframe for which a disability determination is being considered, and at a minimum, 12 months immediately prior to the application date. Be sure to list all health care providers, hospitals, or agencies that the A/R has been to in the last 12 months.

The medical assistance program is working in conjunction with New York State Disability review team (SDRT) to simplify the disability review process. An update will be provided.

Please share this information with appropriate staff