

June 30, 2022

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

This Alert was revised to advise Medicaid Providers, Hospitals, Client Representatives, Community Based Organizations, Advocates, and Agencies assisting consumers in applying for Medicaid that effective June 2022, the process for requesting a disability determination has changed for Applicants/Recipients applying for the Medicaid Buy-in for Working People with Disabilities (MBI-WPD) Program or for individuals 65 years of age and over when a disability determination is needed to determine whether to exempt an Applicant/Recipient's funds placed in a pooled trust. Individuals seeking to participate in the MBI-WPD Program or individuals 65 years of age and over who wish to participate in a pooled trust and who do not have a disability determination from the Social Security Administration will be required to submit a MAP-3177 ("Disability Determination Request") to the Medical Assistance Program or Home Care Services Program. In addition to the MAP-3177, the following documents may be submitted at the time of the request, but are not required at the time of the request:

- DOH-5139 Disability Questionnaire
- DOH-5143 Medical Report for Determination of Disability (previously the LDSS-486T)
- DOH-5173 Authorization to Release Records (this is a change from the MAP-751e)
- No longer required: MAP-252F AIDS or AIDS related complex medical report

Effective June, 2022, only the MAP-3177 "Disability Determination Request" is required to be submitted to the Medical Assistance Program and Home Care Services Program. The MAP 3177 "Disability Determination Request" should be completed when requesting a disability determination for applicants/recipients applying for the MBI-WPD Program or for an individual age 65 and older seeking to establish a pooled trust. 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](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 receives the MAP-3177, a referral will be sent to the SDRU, including disability forms/documents as mentioned

above, for a disability determination. The State Disability Review 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 and the Home Care Services Program will no longer defer for additional documentation related to the disability determination – all medical evidence and required forms will be collected by the SDRU.

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.

For those seeking a disability determination to participate in the Medicaid Buy-in for Working People with Disabilities Program, the Notice of Medicaid Disability Determination MBI-WPD will be issued. The notice mirrors the content of the above-mentioned Notice of Medicaid Disability Determination OHIP-0040 form if approved or disapproved. The MBI/WPD Notice will also include an expiration date of the disability, and has an additional section in which the SDRU may provide additional information about the determination made.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF