
Medicaid Disability Manual

individual can transfer acquired skills to a new job.

(3) **Work which exists in the national economy**

Work exists in the national economy when it is present in significant numbers either in the region where the individual lives or in several other regions of the country. It does not matter whether there is such work in the immediate area in which the individual lives, whether there is a specific job vacancy for the individual, or whether the individual would be hired if he/she applied for the job. A finding that work exists in the national economy is made when there is a significant number of jobs (in one or more occupations) having requirements which do not exceed the individual's physical or mental capabilities and vocational qualifications. Isolated jobs of a type that are present only in very limited numbers in relatively few geographic locations outside of the region where the individual resides are not considered to be "work which exists in the national economy." An individual will not be denied disability status on the basis of these kinds of jobs. If work that the individual can do does not exist in the national economy, the individual shall be determined disabled. If such work does exist in the national economy, the individual will be determined not disabled.

An individual will be determined not disabled if his/her functional capacity and vocational abilities make it possible for the individual to do work which exists in the national economy but the individual remains unemployed because of:

- (a) Inability to obtain such work;
- (b) Such work does not exist in the individual's local area;
- (c) The hiring practices of employers;
- (d) Technological changes in the industry in which the individual has worked;
- (e) Cyclical economic conditions;
- (f) No job openings for the individual; or
- (g) The individual does not wish to do a particular type of work.

Responsibilities of Disability Review Team

- 5. Department Regulation 360-5.2
 - a. The Disability Review Team must review the individual's entire case record, including both medical and social records, and reach one of the following decisions. Particular attention should be given to the treating physician's opinion. A complete discussion of how medical opinions should be weighed can be found

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in Section D.3.e.(1).

(1) **Approval** - The individual is determined disabled and is placed in one of the following classifications:

(a) **Group I** includes individuals who show no possibility of engaging in any substantial gainful work activity because they have a physical and/or mental impairment(s) which is disabling and considered to be irreversible.

A Group I certification shall apply for the life of the individual to age 65 with the following exceptions:

- (i) the case is closed for 12 months or more (See Section H regarding the reapplication process);
- (ii) the individual shows medical improvement; or
- (iii) the individual returns to work which is considered substantial gainful activity.

(b) **Group II** includes individuals who have impairments which, while totally disabling at the time of determination, are expected to improve, enabling the individual to become capable of substantial gainful activity. Some reasons for this improvement may be: the condition may be arrested; a remission may occur; therapeutic advances are occurring; and rehabilitation is deemed feasible.

(2) **Disapproval** - The individual does not meet the disability criteria set forth in this manual.

(3) **No Action** - This decision is made when there is not adequate medical and/or social information to determine if the individual is disabled.

b. The LDSS-639, Disability Review Team Certificate, must be completed for all cases reviewed by the Disability Review Team. Information on this form includes the decision, the rationale and regulatory citations for approval or disapproval, the effective date of disability, and the expiration date for Group II cases. If the decision is No Action, the Review Team shall request the specific medical and/or social information needed to complete the disability review. A copy of this form and directions for completion can be found in CentraPort and the DOH intranet library.

c. The Psychiatric Review Technique Form (PRTF), **DOH-5250** is a suggested form which may be completed at the discretion of the district for cases which include a psychiatric diagnosis. A copy of this form and directions for its completion can be found in CentraPort and the DOH intranet library. The PRTF is designed to ensure that all pertinent mental diagnoses are evaluated as necessary, that adequate documentation has been obtained, and, if a case cannot be approved on the basis of meeting a listing, that a mental residual functional capacity assessment is done. For those districts which choose not to use the PRTF, it is

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imperative that the documentation in item 10 of the "Disability Review Team Certificate" (LDSS-639) reflect that the pertinent mental diagnosis(es) has been fully developed, that all medical and non-medical evidence pertinent to the mental diagnosis(es) has been considered, and that the sequential evaluation process has been followed. All diagnoses/listings on which the decision is based should be addressed, as well as whether the A/R's impairment(s) meets or equals a listing; if so, the specific subsections should be indicated.

In psychiatric cases in which no listing is met or equaled, it may be necessary to complete a Mental Residual Functional Capacity (MRFC) Assessment, form LDSS-3817. This form can be found in CentraPort and the DOH intranet library.

If a mental residual functional capacity assessment is utilized, the specific areas in which the A/R's functional capacity is limited should be noted on the LDSS-639. The rationale should address the findings, conclusions and the decision.

- d. The Disability Review Team shall establish the effective date of disability in accordance with Section D.6. The effective date is the first day of the month in which the individual meets the disability criteria and not earlier than 3 months prior to the month of application for Medicaid.
 - e. The Disability Review Team must maintain statistics as to the number and disposition of the cases reviewed. The Medicaid Disability Review Team Quarterly Statistics Report must be completed quarterly and submitted to the New York State Disability Review Team by the tenth of the month following the end of each quarter. This report may be submitted electronically or via mail or fax. A copy of this report, along with directions for completion, may be found in the Exhibits section of the Disability Manual. The electronic version may be obtained by contacting the State DRT.
 - f. When a case is submitted for redetermination, the Disability Review Team must determine if an individual's disability continues by using the Continuing Disability Review (CDR) process set forth in this manual. If disability continues, the case is classified either Group I or Group II. If the case is classified Group II, a new expiration date is given based on how long the disability is expected to last. This certification period can be for less than or greater than 12 months.
6. **Effective Date of Disability**
Department Regulation Section 360-5.8

An effective date of disability shall be established by the Disability Review Team for each individual who is determined disabled. It is important to establish the effective date of disability as early as possible. The following guidelines should be used in determining this date:

- a. **Initial Certification** - The effective date of disability cannot be more than three months prior to the month of application for Medicaid for initial certification. In order for the effective date to be established three months prior to the month of application, medical evidence must indicate that the individual was disabled during that period.

Most cases will be approved for a period of at least 12 months. It is, however, important to note the distinction between the disability **onset** date, which refers to