

Rosemary Malone

DEPARTMENT OF HUMAN RESOURCES INCOME MAINTENANCE ADMINISTRATION 377 W. Saratoga Street Baltimore, Maryland 21201	IMA ACTION TRANSMITTAL
ISSUANCE DATE: November 6, 1995	EFFECTIVE DATE: Upon Receipt
	CONTROL NUMBER: IMA OPA #96-12

TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR INCOME MAINTENANCE
INCOME MAINTENANCE SUPERVISORS

FROM: *Katherine L. Cook*
KATHERINE L. COOK, ACTING EXECUTIVE DIRECTOR, IMA

RE: Revised State Review Team (SRT) - Procedures

PROGRAMS AFFECTED: Medical Assistance

ORIGINATING OFFICE: OPA/Disability Management Operations

SUMMARY

This action transmittal outlines changes in Local Department of Social Services (LDSS) and State Review Team (SRT) procedures and guidelines in the following areas:

1. Establishes client eligibility notification procedures for "not disabled".
2. Clarifies when to submit HIV/AIDS cases to SRT.
3. Explains when additional documentation is needed for Medical Assistance retroactive period requests.
4. Clarifies appeals procedures involving SRT disability decisions.
5. Establishes procedures for handling the Medical Evaluation Form (DHR/IMA 402B) with a less than 12 month period of disability or evidence of current work activity.

Background Information

SRT disability determinations of "not disabled" have been reversed and remanded to LDSS offices by Administrative Law Judges (ALJ) at appeals hearings, for failure to comply with notice provisions of the Maryland Administrative Procedure Act, Section 10-207 (Notice of Agency Action). The ALJs ruled that, when an MA application is denied because an applicant is determined not disabled, the applicant must be furnished a notice which, in addition to other regularly provided information, includes:

- (a) A citation to the definition of "disabled" in the Code of Maryland Regulations (COMAR), which appears at COMAR 10.09.24.02B(19).
- (b) Information regarding what disability standards are applied by the SRT in making disability determinations, and the authority of the SRT to apply those standards.

- (c) Legal citations giving SRT authority to use the disability standards.
- (d) An explanation as to why the client does not meet the cited disability standards.

Furthermore, questions from local departments regarding HIV/AIDS, retroactive period requests, appeals, and medical forms with less than a 12 month period of disability or evidence of current work activity reveal several issues that need clarification.

Action to be Taken

1. Client Eligibility Notification Procedure For "Not Disabled"

Form DHR/IMA 736 is a revision of the Medical, Vocational, and Educational Assessment (MVEA) form designed by SRT to communicate decisions of not disabled to LDSS offices and clients (copy attached). SRT will send the LDSS office two copies of the DHR/IMA 736. One copy for the client and one copy for the case record.

The Disability Determination Notice DHR/IMA 739 is to be used as a cover letter and sent to the client with the DHR/IMA 736. An initial supply of DHR/IMA 739 notices will be sent to LDSS offices once they are printed (two copies on NCR paper). An example of the DHR/IMA 739 is attached.

- o In CARES counties, where denial notices are generated by the system, local departments must mail a copy of form DHR/IMA 736 and DHR/IMA 739 to the clients determined not disabled.
- o In non-CARES counties, where denial notices are generated manually, local departments must include form DHR/IMA 736 and DHR/IMA 739 with denial notices.

2. HIV/AIDS Presumptive Eligibility Case Definition

Most DHR/IMA 402B medical forms must be forwarded to SRT. Only those medical forms which contain all of the following diagnoses and information have presumptive eligibility:

(a) HIV or AIDS diagnosis

and

(b) Inability to work (part time or full time)

and

(c) CD4 count at or below 200

If the medical documentation includes all of (a), (b), and (c), the client is presumptively eligible for FMA without SRT review.

Continue to determine eligibility using the income and asset tests as for any other FMA case.

If the medical documentation does not include all of (a), (b), and (c) above, send the DHR/IMA 707, DHR/IMA 402B, and the DHR/IMA 4204 to SRT. The State Review Team will review the material and if necessary, return the material to the LDSS with a request for additional (specific) information.

3. Documentation needed for Medical Assistance Retroactive Period Requests.

When submitting requests for a retroactive period (1, 2, or 3 months prior to the month of application), include forms DHR/IMA 707, and DHR/IMA 402B. If the date of onset of the impairment is not clearly indicated on the medical form 402B covering the requested retroactive period, submit a hospital letter of admission, hospital bills, or medical bills to establish the date of onset.

4. SRT Appeals

The State Review Team will provide a form DHR/IMA 736 for all SRT "not disabled" decisions. Present the DHR/IMA 736 and the DHR/IMA 739 as documentation of the SRT decision of "not disabled" at the appeal hearing. If the case is scheduled for an appeal, SRT will be glad to provide further clarification or assistance if requested by LDSS staff. SRT staff are currently attending a few Administrative Hearings, as a pilot program, to explain and defend SRT decisions.

5. Medical Form 402B With Less Than 12 Month Period of Disability or Evidence of Current Work Activity.

LDSS staff should not deny Federal Medical Assistance (FMA) applications or refuse to forward disability referral forms to the SRT when the Medical form 402B indicates less than a 12 month period of disability or evidence of current work activity. SRT has the responsibility to make disability determinations for Federal Medical Assistance in these situations.

Action due:

Upon receipt

Please direct questions to

David Okeke, SRT, 410-767-7092

cc• IMA Management Staff

STATE REVIEW TEAM DECISION ON DISABILITY

0 The Code of Maryland Regulations (COMAR) 10.09.24.05E(2)(b) provides that the State Review Team (SRT) is to decide if you are disabled for the purpose of getting Medical Assistance as a disabled person.

0 The definition of disabled appears at COMAR 10.09.24.02B(19). It reads as follows:

"Disabled" means a condition in which social and medical evidence, as reviewed by a State reviewing physician and social worker or the Social Security Administration, indicates that a person is unable to engage in any substantial gainful activity by reason of a physical or mental impairment, loss, disease, or combination of these, which can be expected to result in death, or expected to last for a continuous period of 12 months or more.

0 In making the determination about whether you are disabled within the meaning of the above regulation, SRT is authorized by the Maryland "State Plan" and Single State Agency provisions to apply Social Security Disability standards as set forth at 42 Code of Federal Regulations (CFR) 431.1 and 431.10. The State Plan mandates that the State use the same definition of disability as used by the Supplemental Security Income (SSI) program, and fulfill all the requirements of 42 CFR 435.540 and 435.541.

Single State Agency requirements provide for designation of a State agency that will control or supervise the Medicaid program. In Maryland the single State Agency is the Department of Health and Mental Hygiene (DHMH). DHMH and the Department of Human Resources (DHR) have entered into an agreement delegating the responsibility and authority for making Federal Medical Assistance disability determinations to the SRT.

0 The Social Security Disability standards used by SRT are found at 20 CFR 416.901. The SRT decision in your case is based on criteria under the Social Security Listing of Impairments found at 20 C.F.R pt. 404, Subpt. P, App.1. The specific listing and explanation are found on the reverse side of this notice.

0 You have the right to reapply for Medical Assistance at your Local Department of Social Services at any time.

MARYLAND DEPARTMENT OF HUMAN RESOURCES

STATE REVIEW TEAM
311 W. SARATOGA STREET
BALTIMORE, MD. 21201-3521

MEDICAL, VOCATIONAL, EDUCATIONAL ASSESSMENT

NAME:

AGE:

SS #

HEIGHT:

MA #

WEIGHT:

EMPLOYMENT HISTORY:

EDUCATION: A. HIGHEST GRADE COMPLETED

B. EVIDENCE OF INABILITY TO READ OR WRITE: () YES NO ()

C. SUMMARY (to include history and current findings)

In deciding whether your impairment is disabling, the State Review Team (SRT) used the medical and social information you submitted. We used Federal Disability standards detailed on the back of this form. The following summary gives the reasons for the decision in your case.

SIGNATURE

DATE

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- You have the right to reapply for Medical Assistance at your Local Department of Social Services at any time.

This Label Corresponds with (FORM# DHR 637)
“APPROVAL OF COMPOSITION WORKSHEET”

PROOF #1	<input type="checkbox"/>
PROOF #2	<input type="checkbox"/>
PROOF #3	<input type="checkbox"/>
PROOF #4	<input type="checkbox"/>
PROOF #5	<input type="checkbox"/>
FILE COPY	<input type="checkbox"/>
PRINTER'S	<input type="checkbox"/>
FINAL COPY	<input type="checkbox"/>



MARYLAND DEPARTMENT OF HUMAN RESOURCES
STATE REVIEW TEAM
311 W. Saratoga Street
Baltimore, Maryland 21201-3521

_____ DEPARTMENT OF SOCIAL SERVICES

Name: _____

Address: _____

_____ Client ID: _____

MARYLAND MEDICAL ASSISTANCE PROGRAM
DISABILITY DETERMINATION NOTICE OF ACTION

In deciding whether your illness or injury is disabling, the State Review Team (SRT) used the medical and other evidence you presented. SRT used the Federal Disability rules found on the back of this form. After careful review of this evidence, the SRT is unable, for Federal Medical Assistance purposes, to find you disabled. Enclosed is a SRT Medical, Vocational, Educational Assessment stating the reason(s) for the decision.

If you do not agree with this decision, you have the right to request a FAIR HEARING. You also have the right to re-apply.

WORKER'S SIGNATURE

WORKER'S PHONE NUMBER

DATE OF NOTICE