

**0352****CHARACTERISTIC REQUIREMENTS****0352.05****ELIGIBILITY BASED ON AGE**

REV:01/2002

To qualify for Medical Assistance, an individual or member of a couple must be age 65 years or older, blind or disabled.

The age, as stated on the application, is to be verified.

Appropriate sources of verification are:

- o Birth certificate;
- o Birth record of a child over 50 as evidence that the parent is over 65;
- o Birth record of a child where age of parent is recorded;
- o Marriage certificate; or
- o Other documents such as insurance policies, passport or naturalization papers, employment, school, military, alien registration records, or electronic information obtained from the Social Security Administration via SVES.

In the absence of any of the above, the eligibility supervisor will evaluate the age requirement.

**0352.10****ELIGIBILITY BASED ON BLINDNESS**

REV:06/1994

To be eligible on the basis of blindness, the individual's (adult or child) vision must meet the policy definition: in terms of ophthalmic measurement, central vision acuity of 20/200 or less in the better eye with corrective lenses, or a field defect in which the peripheral field is contracted to such an extent that the widest diameter of visual field subtends an angular distance no greater than 20 degrees.

**0352.10.05****Sources of Verif of Blindness**

REV:01/2002

The Services for the Blind and Visually Impaired Agency in the Department of Human Services has current eye examinations on blind persons known to them. Therefore, when eligibility is being determined on the basis of blindness, the medical examination report on file in Services for the Blind and Visually Impaired can be used, with the knowledge and consent of the applicant documented on the DHS-25.

A current finding of eligibility for RSDI or SSI based on blindness is acceptable verification of blindness. A copy of the report should be obtained from RSDI or SSI with the knowledge and consent of the applicant (DHS-25).

If verification is not available through Services for the Blind and Visually Impaired, or through RSDI or SSI eligibility, an examination is required with a report by the examiner (Form AP-104 or Form AP-105).

#### **0352.10.10                      Process of Verifying Blindness**

REV:01/2002

If a blind applicant under age 65 comes into the office, the method of verifying the eligibility factor can be explored with the applicant and the proper form processed.

If the application is received by mail, a letter (AP-705A) explaining what is needed is mailed, with the following enclosed:

- o AP-706A - A statement of how the verification will be obtained; and,
- o DHS-25 - Authorization to Obtain or Release Confidential Information (2 copies);
- o AP-104 - Optometrist's Report of Eye Examination (2 copies);
- o AP-105 - Ophthalmologist's Report of Eye Examination (2 copies).

If upon return of the AP-706A, the applicant indicates that verification is available from Services for the Blind and Visually Impaired, RSDI or SSI, a letter will be sent requesting the verification, with a copy of the completed DHS-25 enclosed.

If an eye examination is performed, when the forms are received in the district office, both copies of the completed AP-104 or AP-105 are sent to the Office of Medical Review at Central Office.

Following a decision by the Office of Medical Review, the forms are returned to the district office where appropriate action is taken with respect to eligibility. One copy of the form is filed in the case folder. The second copy is forwarded to Rhode Island Services for the Blind and Visually Impaired. If the AP-706A Requested a referral, and a DHS-25 is completed, a copy of the form is sent to the agency indicated to enable that agency to offer appropriate services.

**0352.15**

**ELIG BASED ON DISABILITY**

REV:06/1994

To be eligible for Medical Assistance because of permanent or total disability, a person must have a permanent physical or mental impairment, disease or loss, other than blindness, that substantially precludes engagement in useful occupations or appropriate activities (for children), within his/her competence.

A physical or mental impairment is an impairment which results from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable, clinical and laboratory diagnostic techniques.

For purposes of eligibility, an individual is disabled if s/he is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted, or can be expected to last for a continuous period of not less than twelve (12) months or, in the case of a child, if s/he suffers from any medically determinable physical or mental impairment of comparable severity.

Statements of the applicant, including the individual's own description of the impairment (symptoms) are, alone, insufficient to establish the presence of a physical or mental impairment.

**0352.15.05****Impair Constituting Disability**

REV:06/1994

Whether or not an impairment in a particular case constitutes a disability, as defined in Section 0352.15, is determined from all the facts of that case. Primary consideration is given to the severity of the individual's impairment. Consideration is also given to such other factors as the individual's age, education and work experience. Medical consideration alone can justify a finding that the individual is not under a disability where the only impairment is a slight neurosis, slight impairment of sight or hearing, or other slight abnormalities. On the other hand, medical considerations alone (including physiological and psychological manifestations of aging), can, except where other evidence rebuts a finding of "disability," e.g., the individual is actually engaging in substantial gainful activity, justify a finding that the individual is under a disability where the impairment is one that meets the duration requirement, and is one compatible with impairments recognized by the Social Security Administration. (This is determined by the Office of Medical Review at Central Office.)

**0352.15.10****Impair Prevents Gainful Act**

REV:06/1994

Conditions which constitute neither a recognized impairment nor the medical equivalent of a recognized impairment may be found disabling if they do, in fact, prevent the individual from engaging in any substantial gainful activity. Such an individual shall be determined to be under a disability only if the physical or mental impairment(s) are the primary reason for an inability to engage in substantial gainful activity. In such a case it must be established that the physical or mental impairment(s) are of such severity, i.e., result in such lack of ability to perform significant functions as moving about, handling objects, hearing, speaking, reasoning and understanding, that the individual is not only unable to do any previous work s/he may have done or work commensurate with any such previous work, but the individual cannot, considering age, education, and work experience, if any, engage in any other kind of substantial gainful work which exists in the national economy, regardless of whether such work exists in the immediate area in which the individual lives, or whether a specific job vacancy exists, or whether the individual would be hired if s/he applied for work. For the purposes of the preceding sentence,

work "exists in the national economy" with respect to any individual, when such work exists in significant numbers either in the region where the individual lives or in several regions of the country. Thus, isolated jobs of a type that exist only in very limited number or in relatively few geographic locations shall not be considered to be "work which exists in the national economy" for purposes of determining whether an individual is under a disability; an individual is not denied benefits on the basis of the existence of such jobs.

Accordingly, where an individual remains unemployed for reason(s) not due to physical or mental impairment but because of failure to obtain work s/he could do; or because work within his/her competence does not exist in the local area; or because of the hiring practices of employers, technological changes in the industry in which the individual has worked, or cyclical economic conditions; or because there are no job openings or the individual would not actually be hired to do the work s/he could otherwise perform, the individual may not be considered under a disability as defined above.

**0352.15.15**

**Impair Prevents Gainful Work**

REV:06/1994

Where an individual with a marginal education and long work history (e.g., 35 to 40 years or more) limited to the performance of arduous unskilled physical labor is not working, and is no longer able to perform such labor because of a significant impairment(s), and considering age, education, and vocational background is unable to engage in lighter work, such individual may be found to be under a disability. On the other hand, a different conclusion may be reached where it is found that such individual is working or has worked despite an impairment(s) (except where such work is sporadic or is medically contraindicated), depending upon all the facts in the case. In addition, an individual who was doing heavy physical work at the time such impairment was suffered might not be considered unable to engage in any substantial gainful activity if the evidence shows that training or past work experience qualifies the individual for substantial gainful work in another occupation consistent with the impairment(s), either on a full-time or a reasonably regular part-time basis.

**0352.15.20**

**Disability Determination**

REV:08/1999

When a DHS-2 indicates that an individual is disabled, a determination is made as to whether the applicant meets the criteria for disability as defined in Title XVI of the Social Security Act.

Individuals who receive RSDI or SSI based on disability meet the criteria for disability. A copy of the award letter or similar documentation from the Social Security Administration is acceptable verification of the disability characteristic. A current finding of eligibility for RSDI or SSI based on blindness is acceptable verification of blindness.

For individuals who were receiving SSI based on disability and were closed upon entrance into a group care facility because their income exceeds the SSI standard for individuals in group care, a copy of the SSI award letter serves as verification of the disability characteristic.

For all others, a disability review must be completed and a positive finding of disability must be made before eligibility for MA based on disability can be established. In such cases, it is the responsibility of the agency representative to provide the applicant with the following:

- o Form letter AP-125, explaining the disability review process;
- o Form MA-63, the Physician Examination Report with instructions;
- o Form AP-70, the applicant's report of Information for Determination of Disability;
- o Three copies of form DHS-25M, Release of Medical Information; and,
- o A pre-addressed return envelope.

When returned to DHS, the completed forms and/or other medical or social data are date stamped and promptly transmitted under cover of form AP-65 to the Medical Review Team (MART) at Central Office. If the completed forms are not received within thirty (30) days of application, a reminder notice is sent to the applicant to remind them that medical evidence of their disability has not been provided and needs to be submitted as soon as possible. If all completed forms are not received

within forty-five (45) days from the date of application, the referral to MART is made with the documentation received as of that date.

It is the responsibility of the applicant to provide medical and other information and evidence required for a determination of disability. The applicant's physician may submit copies of diagnostic tests which support the finding of disability. The physician may also choose to submit a copy of the applicant's medical records or a letter which includes all relevant information (in lieu of or in addition to the MA-63).

The Medical Review Team is responsible to:

- o Make every reasonable effort to assist the applicant in obtaining any additional medical reports needed to make a disability decision. Every reasonable effort is defined as one initial and, if necessary, one follow-up request for information. (The applicant must sign a release of information giving the MART permission to request the information from each potential source in order to receive this assistance.)
- o Analyze the complete medical data, social findings, and other evidence of disability submitted by or on behalf of the applicant;
- o Provide written notification to the applicant when a decision on MA eligibility cannot be issued within the ninety (90) day time frame because a medical provider delays or fails to provide information needed to determine disability;
- o Issue a decision on whether the applicant meets the criteria for disability based on the evidence submitted.

The decision regarding disability is recorded on the AP-65 and transmitted along with the MART case log to the appropriate DHS field office where the agency representative issues a decision on MA eligibility. All medical and social data is retained by the Medical Review Team.