



Date: July 2, 2018

DMS Operations Memo 18-20

To: Income Maintenance Supervisors
Income Maintenance Lead Workers
Income Maintenance Staff

Affected Programs:	
<input type="checkbox"/> BadgerCare Plus	<input type="checkbox"/> Caretaker Supplement
<input type="checkbox"/> FoodShare	<input type="checkbox"/> FoodShare Employment and Training
<input checked="" type="checkbox"/> Medicaid	
<input type="checkbox"/> SeniorCare	

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Division of Medicaid Services

Clarification of Medicaid Presumptive Disability Policy

CROSS REFERENCE

- Medicaid Eligibility Handbook, [Section 5.9 Presumptive Disability](#)
- Process Help, [Section 12.2 Presumptive Disability Determination](#)

EFFECTIVE DATE

Immediately

PURPOSE

This Operations Memo clarifies the effective date income maintenance (IM) workers use when making a presumptive disability determination for Medicaid.

BACKGROUND

A person can be found presumptively disabled and temporarily treated as a person with a disability until a final disability determination can be completed. Presumptive disability is determined either by the Disability Determination Bureau (DDB) or, under certain conditions, IM workers.

IM workers may certify a person as presumptively disabled if both of the following conditions apply:

- The person has an urgent need for medical services attested to in writing by a medical professional.
- The person is likely to be found disabled by the DDB due to one of the impairments identified in the [Medicaid Eligibility Handbook, Section 5.9.2.2 Impairments](#).

If the person has an urgent need for medical services but does not have one of the listed impairments, the DDB would need to make the presumptive disability determination rather than an IM worker.

There has been an ongoing question regarding the effective date for Medicaid eligibility when IM workers make a presumptive disability determination. The [Medicaid Eligibility Handbook, Section 5.9.5 Eligibility](#) states: “Presumptive disability Medicaid coverage begins on the date on which the presumptive disability finding is made by the DDB or the IM Worker.” However, it has not been clear whether this means the date the case is confirmed or the date the person is found to have an urgent need for medical services due to a disabling impairment.

This Memo clarifies that Medicaid coverage based on presumptive disability determined by IM workers begins on the date a written attestation signed by a medical professional is received by the IM agency, or begins on the application date (whichever date is later) as long as all other eligibility requirements are met.

POLICY

There are no policy changes associated with this Memo. The following is a clarification of existing policy regarding the effective date for Medicaid coverage based on presumptive disability.

As long as all other eligibility requirements are met, Medicaid coverage based on presumptive disability begins on the date on which the person is found presumptively disabled. When an IM worker determines presumptive disability, this begin date is either the date the completed and signed Medicaid Presumptive Disability form, [F-10130](#), is received by the IM agency, or the application date (whichever date is later). Because of the person’s urgent need, a presumptive disability application should be processed as quickly as possible. Though IM workers have up to 30 days to process an application, the coverage begin date should not be delayed until the worker confirms the case.

Example 1: Jane contacted her IM agency and applied for Medicaid on July 3. She reported being in urgent need of medical services due to muscular dystrophy. The IM worker determines that Jane would be eligible based on presumptive disability, but requests that a medical professional complete and sign the Medicaid Presumptive Disability form, [F-10130](#), to attest to the urgent need and impairment. Jane’s physician completes and returns the form to the IM agency on July 12. A worker processes the verification on July 14. Jane is found presumptively disabled and eligible for Medicaid effective July 12.

Example 2: Bob is Jack’s son and authorized representative. Bob applied for Medicaid on behalf of his father by telephone on June 20. He reported to the IM worker that Jack had a stroke four months ago and is in urgent need of medical services due to continued difficulty with walking. The IM worker determines that Jack may be eligible based on presumptive disability, but requests that a medical professional complete and sign the Medicaid Presumptive Disability form, [F-10130](#), to attest to the urgent need and impairment. Bob also needs to verify Jack’s assets. The completed Medicaid Presumptive Disability form, attesting to the impairment and urgent need, is received by the IM agency on July 2, and verification of Jack’s checking account is received July 12. The IM worker processes the verification on July 15. The worker determines that Jack is presumptively disabled and eligible for Medicaid effective July 2.

CARES

There are no changes to CARES associated with this Memo. IM workers should continue to follow the current presumptive disability process that includes:

- Failing the partial month of eligibility in CARES Workers Web (because Medicaid is automatically certified from the beginning of the month).
- Opening Medicaid effective for the ongoing month (requires entering the future begin month on the Disability page).
- Manually certifying the partial month of eligibility with the correct begin date using the Medicaid/BadgerCare Plus Eligibility Certification form, [F-10110](#).
- Suppressing the incorrect notice and sending a manual Notice of Decision.

And, as a reminder, IM workers must follow the existing process to pend the case for a formal disability determination.

Note: The Medicaid Eligibility Handbook and Process Help will be updated in future handbook releases to reflect the clarifications described in this Memo.

CONTACTS

BEPS CARES Information and Problem Resolution Center

DHS/DMS/BEPS/NH