

MEDICAID PRESUMPTIVE DISABILITY

STATE POLICY

Operations Memo 03-06
Medicaid Eligibility Handbook 5.9
Process Help 12.1

Federal SSI law and regulation state that the SSI program can find an individual to be presumptively disabled. An individual found to be presumptively disabled will be treated as a person with a disability until a final disability determination can be completed. To be treated as presumptively disabled by SSI means that the applicant's benefits can begin before SSA, or its contracted agency, has formally determined the individual to be disabled.

Wisconsin's Medicaid program also allows a determination of presumptive disability.

When a client has an urgent need for medical services and is likely to be found disabled by DDB, the client may be certified as presumptively disabled by the Economic Support worker. In determining that the applicant is presumptively disabled, the Economic Support worker will need a medical professional to attest to the fact that the individual is in a situation that constitutes an urgent need for medical services and that the individual has certain impairments.

A medical professional must complete and sign the Medicaid Presumptive Disability form ([HCF 10130](#)) attesting to both the urgent need and the impairment, before an Economic Support worker may certify the applicant as presumptively disabled. The worker should not require any additional documentation from the medical professional beyond the Medicaid Presumptive Disability form. Once completed, the form must be scanned into the customer's ECF to document the Medicaid Presumptive Disability decision. If the applicant is otherwise eligible for EBD Medicaid, certify Medicaid eligibility (see [3.6.8.4](#))

Once a presumptive disability decision has been made, the Economic Support worker must still follow the disability application process ([3.6.2](#)). The Medicaid Disability Application form ([HCF 10112](#), formerly DES 3071) must be completed and sent to the DDB along with the necessary copy of the Confidential Information Release Authorization form ([HCF 14014](#)). The ESS will send all paperwork to DDB via the customer's ECF.

Note: Whether the IM worker makes the PD determination or DDB makes the PD determination, the Medicaid Disability Application ([HCF 10112](#)) must be completed "before" the IM worker certifies the client for PD.

The DDB will then process the disability application and make a final disability determination.

COUNTY PROCEDURE

When a customer who is not currently receiving or not eligible for MA states they have an urgent need for MA benefits the worker should give the customer a “Medicaid Presumptive Disability” form (HCF 10130)(**MA106A**), along with a MA Disability application (**MA107**) and the “Authorization to Disclose Information to the DDB(HCF14014) (**MP137**). The application and the releases should be completed by either the customer, their representative or their community advocate. The presumptive disability form should be completed by a medical professional.. Medical professional is defined as any health care provider or health care worker who is familiar with the applicant and is qualified to confirm the presence of an ‘urgent need’ and the presence of one of the impairments listed in the Operations Memo 03-06 and on the form. In addition, the customer is also required to complete an EBD Medical Assistance Application. This could be either a mail in(**MA 110**), phone or face to face application or RRE for Medical Assistance. This includes providing all non-financial and financial(income and asset) verification. If the customer fails to complete the EBD MA application, you can’t proceed with the PD/MADA application.

When all the completed applications/forms are returned:

- 1) If the medical professional has checked a box (except none of the above) in **both** Section 1-Urgent Need for Medical Services **AND** a box (except none of the above) IN Section 2-Impairments the presumptive disability request can be approved if we have a pending EBD MA request, a completed MADA and one signed release.
 1. Once the completed paperwork is received, the ESS checks to ensure that the paper work is complete, codes and submits to the ECF scanners all the paperwork to be scanned into the customer’s ECF.
 2. If paper work is complete and submitted to DDB via the ECF, the ESS can then enter the disability information in CWW to approve the PD/SSI-related MA application until a final decision on the disability is made by DDB. The ESS will complete the CWW disability screen and run SFEX to open up the EBD related MA.
 3. Once a final disability decision is made by DDB, the disability screen in CWW will be auto updated, the ESS will receive an alert and then will need to run SFEX.

- 2) If the medical professional has checked a box in Section 1-Urgent Need for Medical Services **but no boxes or none of the above** is checked in Section 2-Impairments,

The ESS will complete CWW by answering yes on the presumptive disability question and enter a ? or Q? in the verification field. The ESS will then follow the process outlined in MP5. Once DDB makes the initial PD decision they will contact the worker. The ESS will manually enter this information in CWW on the disability screen. Please note that form HCF10125 (MA106B) has been eliminated.

- 3) If the form is returned **with no boxes** or none of the above checked in Section 1-Urgent Need section, ESS should follow MP-5 and refer customer for regular MADA processing.