

12.1 INTRODUCTION

Several of the Division of Family Assistance Programs require that a medically determined physical and/or mental impairment exist for the client and/or family to receive benefits. Some decisions are made by the Medical Review Team (MRT) in DFA. These are found in item A below and the remaining Sections of this Chapter deal with these programs. Other Medicaid disability determinations are made elsewhere. These coverage groups are listed in Other Disability Decisions below.

A. MRT Decisions

The following incapacity/disability decisions are made by MRT:

- SSI-Related Medicaid - when eligibility of the individual is based on disability or blindness and neither has been determined by Social Security
- WV WORKS - when a temporary exemption from the work requirement, based on incapacity or temporary incapacity is alleged and the Worker and Supervisor are unable to make the determination.
- WV WORKS - when an AG is being considered for an extension of the 60-month lifetime limit based on disability and disability was not established prior to the 55th month, a referral to MRT is mandatory. See Section 15.6.
- Medicaid Work Incentive (M-WIN) - when eligibility of the individual is based on disability or blindness and neither has been determined by Social Security
- The nature, degree and duration of the impairment required for eligibility purposes varies from program to program.

B. OTHER DISABILITY DECISIONS

Other Medicaid coverage groups require a medical determination of disability or blindness, but the responsibility for the determination rests elsewhere. The Worker, therefore, is not usually involved in the process, but must be notified of the disability decision prior to case approval and recertification. These coverage groups are:

- SSI Recipients. The disability decision is made by SSA.
- Deemed SSI Recipients, except essential spouses of SSI Recipients. The disability decision is made by SSA.
- QDWI Recipients. The disability decision is made by SSA.
- HCB, TBI and I/DD Waiver Recipients. The disability decision is made by the BMS contract agency. The Worker is notified of the decision by the BMS contract agency.
- CDCS Recipients. The disability decision is made by the BMS contract agency. The Worker is notified of the decision by the BMS contract agency.
- AIDS Programs. A medical diagnosis of HIV positive is the only disability requirement. The Worker obtains the medical statement from the client and forwards it to BMS with the application.