

+-----+
 | ADMINISTRATIVE DIRECTIVE |
 +-----+

TRANSMITTAL: 90 ADM-17

TO: Commissioners of
 Social Services

DIVISION: Medical
 Assistance

DATE: May 18, 1990

SUBJECT: Mandatory-Notice: Disability Determinations

SUGGESTED

DISTRIBUTION: Medical Assistance Staff
 Public Assistance Staff
 Services Staff
 Fair Hearing Staff
 Staff Development Coordinators

CONTACT

PERSON: MA Eligibility Representative 1-800-342-3715,
 extension 3-7581
 MA New York City Representative at
 212-587-4853
 State Disability Representative 1-800-342-3715,
 extension 3-5499

ATTACHMENTS:

Appendix I - Filing References (Available on-line)
 Appendix II - Notice of Medical Assistance
 Disability Determination (DSS-4141)
 (Not available on-line)

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
See Appendix I		See Appendix I	See Appendix I	See Appendix I	

I. PURPOSE

The purpose of this Directive is to introduce the DSS-4141, "Notice of Medical Assistance Disability Determination", and to provide instructions for its completion. This form is mandated for use when informing an applicant/recipient of the Disability Review Team's (DRT) determination regarding his/her disability status.

II. BACKGROUND

In recent years, the Department has been involved in litigation on a number of disability-related issues. Much of the litigation concerned the provision of adequate written notice to clients regarding their disability determinations.

In previous Administrative Directives, social services districts were required to adapt the standardized MA-Only notices to inform clients of disability determinations. As a result of the recent recodification of 18 NYCRR 358 and the Department's effort to introduce new or revised client notices, it was decided that a separate notice for disability determinations would further simplify the notification process.

III. PROGRAM IMPLICATION

Social services districts will utilize the Notice introduced in this Directive to inform clients of disability determinations. The mandated Notice will provide standardization and will ensure that clients are properly and fully advised of all aspects pertaining to the disability determination, including the right to appeal.

IV. REQUIRED ACTIONS

A. Notice Requirements

The following details social services district required actions and notice requirements as they pertain to the DSS-4141, "Notice of Medical Assistance Disability Determination":

1. A DSS-4141 must be sent with:

- All MA-Only determinations
- All Audit & Quality Control (A&QC) cases Approved for disability
- All Home Relief (HR) cases Approved for disability

2. A social services district may choose to send a DSS-4141 with:
 - All Audit & Quality Control (A&QC) cases Disapproved for disability
 - All Home Relief (HR) cases Disapproved for disability
3. The Notice must contain the regulatory basis for the disability determination as specified in item 10 on the DSS-639, "Disability Review Team Certificate".
4. The Notice must be affixed to the appropriate client notice(s) when the disability determination affects the client's eligibility for assistance and/or benefit amount(s). (See 89 ADM-21, "Mandatory Client Notices [Public Assistance, Food Stamps, Medical Assistance]" for details.)
5. A social services district must specify on the Notice the name of the individual affected.
6. In all instances when disability is approved, the DSS-4141 must contain an effective date of disability.
7. Two copies of the Notice are to be sent to the client and one copy is to be retained in the case record. Social services staff should ensure that each copy is legible.
8. No changes in the language of the State-printed form will be permitted.
9. All local equivalents of the State-printed form must be submitted to the State for approval. (See Section IV.D. of this Directive.)

B. Instructions for Completion of Form DSS-4141

1. Heading
 - a. Completion of all sections of the heading is required except for Office No., Unit No., Worker No. and Telephone No. for the unit or worker. The unit or worker responsible for issuing the Notice must be identified.
 - b. Notice Date: This is the date the worker completes the Notice.

c. Telephone Numbers:

i. Legal Assistance Information: In districts where there is only one advocacy agency, the telephone number for that agency should be given. Districts that have more than one advocacy agency should list a social services number where the client can receive information about all advocacy agencies that represent individuals in that geographical area.

Use of telephone numbers which are not Department of Social Services numbers should be cleared first with the outside agency to assure they are correct and that the agency will be able to handle the inquiries that might result.

ii. Agency Conference, Fair Hearing Information and Assistance, Records Access: The Notice is designed so that one general number can be given or specific numbers for each type of information can be given. If districts opt to use a general telephone number, then procedures must be in place to ensure that clients who call to request information in one or more of the above areas are directed to a person who has the knowledge and authority to respond to the specific need.

iii. The CIN/RID number is that of the head of household.

2. Body

a. A social services district must specify the name of the individual affected.

b. [] Approved

This box should be checked when the Disability Review Team has determined the client to be disabled. The district must include the effective date of disability, which can be found in Field 9 on the DSS-639, "Disability Review Team Certificate." An expiration date should be entered if the case has been classified as a Group II approval on the DSS-639.

A social services district may require a client, determined to be disabled, to provide them with medical and social information to show that disability is continuing.

c. Disapproved

This box should be checked if the Disability Review Team has determined that the client does not meet the Medical Assistance disability criteria.

d. Regardless of whether disability is approved or disapproved, the Notice must indicate the regulatory basis for the disability determination; for example, the specific listing of impairment(s) evaluated, the client's residual functional capacity, any applicable medical/vocational considerations, or the reason(s) the client's impairment(s) did not meet the durational requirement or severity standard. (See item 10 on the DSS-639, "Disability Review Team Certificate".)

In lieu of completing this section of the Notice, a social services district may attach a copy of the respective DSS-639, "Disability Review Team Certificate", which contains the regulatory basis for the disability decision.

e. See Attached Notice...

This box should be checked if the disability determination affects a client's eligibility for assistance and/or benefit amount(s). If this box is checked, a social services district must attach the DSS-4141 to the appropriate client eligibility notice(s). (See 89 ADM-21.)

f. (Name) is currently...

This box should be checked only in those instances when a disability determination is made on a client who is currently in receipt of Medical Assistance and the determination has no effect on the client's ongoing eligibility.

C. Procedures for Approval of a Local Equivalent Form

Social services districts must use the attached Notice without modification unless the Department has granted the approval for a local equivalent.

With respect to developing a local equivalent for consideration by the Department, social services districts are reminded that no changes in the language of the State-printed forms will be permitted. A local equivalent may be permitted when a format change will ease district administration or case processing. Format alterations for automated notices for the purpose of adapting the notice to a district's computer needs may also be permitted. The heading must be substantially the same on any locally revised form.

When a manual notice with format changes or an automated notice or notice generated using an electronic form is used in lieu of a State-printed form, it is considered a local equivalent. As such, the form must have prior approval by this Department. Districts wishing to submit a notice to this Department for approval as a local equivalent should refer to the Local Managers Guide, Section 12, pages 1 through 5. Instructions for Class A forms must be followed.

V. ADDITIONAL INFORMATION

Form DSS-4141 appears as Appendix II to this directive. Districts will automatically receive an estimated three-month supply. Subsequently, the form should be ordered from Forms and Publications in the normal manner (518-432-2505). Pending receipt of an initial supply of this form, social services districts should produce it locally.

VI. EFFECTIVE DATE

The effective date of this directive is July 1, 1990.

Jo-Ann A. Costantino
Deputy Commissioner
Division of Medical Assistance

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
89 ADM-21		350.5	SSL 22	MARG pp	
87 ADM-41		351.22(e)	SSL 366-a	378-387	
87 ADM-19		351.23		89 LCM-22	
87 ADM-3		352.31(d)		GIS 89MA021	
86 ADM-8		355, 358		MA Dis-	
82 ADM-5		360-2.2-2.6		ability	
		360-5		Manual	
		360-7.5		Policy 7	
		505.14(b)(5)		PASB	
		(v) (viii)		Section	
		& (x)		VI - All	
				Local	
				District	
				Manager's	
				Guide	