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 | INFORMATIONAL LETTER |  
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TRANSMITTAL: 91 INF-68

TO: Commissioners of  
 Social Services

DIVISION: Income  
 Maintenance

DATE: December 10, 1991

SUBJECT: Food Stamps: MA Referral of Persons Termed Disabled  
 to Local District FS Staff

SUGGESTED

DISTRIBUTION: Medical Assistance Directors  
 Income Maintenance Directors  
 Food Stamp Directors  
 Staff Development Coordinators

CONTACT PERSON: MA Disability Representative at 1-800-342-4100,  
 extension 3-5380  
 County Food Stamp Representative at 1-800-342-4100,  
 extension 4-9225

ATTACHMENTS: Notice of Medical Assistance Disability  
 Determination (DSS-4141) - not available on-line

FILING REFERENCES

| Previous<br>ADMs/INFs | Releases<br>Cancelled | Dept. Regs. | Soc. Serv.<br>Law & Other<br>Legal Ref. | Manual Ref.       | Misc. Ref.  |
|-----------------------|-----------------------|-------------|---|-------------------|-------------|
| 91 ADM-15             |                       | 350.5       | SSI 22,                                 | <u>FSSB</u>       | GIS Message |
| 90 ADM-17             |                       | 355, 358    | 366-a                                   | Section           | 89 IM/DC017 |
| 89 ADM-21             |                       | 360-2.2-2.6 | P.L. 100-                               | V-A-6-all         | (July 6,    |
| 87 ADM-19             |                       | 360-5       | 435                                     | <u>MA</u>         | 1989)       |
| 87 ADM-3              |                       | 387.1(N)    | 7 CFR 271.2                             | <u>Disability</u> |             |
|                       |                       |             | 7 CFR 273.2                             | <u>Manual</u>     |             |
|                       |                       |             | (f)(1)(iii)                             | Policy 7          |             |
|                       |                       |             | (viii)(A)                               |                   |             |
|                       |                       |             | (6)                                     |                   |             |

I. PURPOSE

- A. This letter reminds local districts that a public assistance (PA) or non-public assistance (NPA) individual who receives federally participating medical assistance (MA) and who has been certified by MA as blind or disabled ("SSI-related") meets the Food Stamp (FS) Program definition of disabled for FS budgeting purposes, as explained in 91 ADM-15. Additional FS benefits accrue to individuals who meet this definition of disabled (See Section III.A.).
- B. This letter suggests options districts may use to ensure that the identity of household individuals determined "disabled", by MA staff, is communicated to FS staff.

II. BACKGROUND

The Hunger Prevention Act of 1988 (P.L. 100-435) expanded the definition of a disabled individual for FS purposes, effective July 1, 1989, to include any person who receives MA and who has been certified by MA as blind or disabled ("SSI-related").

Districts are currently required to have a procedure implemented that identifies these defined MA clients so that FS benefits for eligible individuals can be maximized.

III. PROGRAM/SYSTEMS IMPLICATIONS

A. Program benefits for disabled individuals

The following benefits may accrue to individuals or households that meet the program definition of disabled:

1. the disabled individual can be treated as a separate household, even if residing with a family member;
2. that portion of a disabled members' monthly non-reimbursed medical expenses which exceeds \$35.00 is deducted from household income in computing monthly FS benefits;
3. exemption from the gross income eligibility limit;
4. entitlement to the uncapped excess shelter deduction; and
5. benefits received by a non-disabled person while awaiting a SSI disability determination, must have these benefits recalculated using the disabled criteria once the individual is found eligible for SSI.

Additionally, consistent use of the ABEL budget "A/D" indicator by FS staff, even when a SSI determination is pending but the local district or state disability review team determines a person disabled, should aid in correctly identifying these individuals and in minimizing case payment errors.

B. System Identity of Disabled Individuals

In districts outside of New York City a public assistance (PA) or non-PA individual who is in receipt of federally-participating medical assistance (MA) and who has been certified by such program as blind or disabled ("SSI-related") is identified by WMS Individual Categorical Code 11-"Blind" or 12-"Disabled" ("A/D") on screen 3 of the WMS medical assistance and public assistance case comprehensive record. An "X" should be entered in the Aged/Disabled indicator on the FS ABEL budget when the Individual Categorical Code is 11 or 12.

In New York City a public assistance (PA) or non-PA individual who receives federally-participating medical assistance (MA) and who has been certified by MA as blind or disabled ("SSI-related") may be identified by selecting option 2 (client information) on the WMS individual inquiry menu for all active and applying individuals. Screen NQIN2A provides client information for all three program areas. If the individual is active for MA, staff should check to see if the MA Individual Categorical Code is 11 (blind) or 12 (disabled).

IV. SUGGESTIONS FOR REFERRAL OF INFORMATION TO FOOD STAMPS

A local district assessment of the effectiveness of current procedures used to communicate affirmative medical assistance case disability determinations to food stamp staff should be made. Districts which require a change in this communication process may wish to consider the following procedures. Please note that a manual system of communicating disability information from MA to FS will have to suffice, until either a WMS enhancement or report can be devised to aid in communicating this information.

Option A

1. A list of individuals who have been certified by MA staff to be blind or disabled (SSI-related), and who are authorized to receive medical assistance, could be compiled by MA staff and referred to appropriate local agency FS staff.
2. Using WMS, district FS staff could then determine if the listed disabled individuals are in receipt of food stamps, and could then accomplish any necessary budgetary follow-up.

Option B

Photocopies of form DSS-4141, "Notice of MA Disability Determination" [see note], informing clients about affirmative disability determinations, could be batched and referred from MA to FS for follow-up.

NOTE: Form DSS-4141 (attached) is mandated by 90 ADM-17 for use when informing an applicant/recipient of the Disability Review teams determination regarding the applicant/recipient's disability status.

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Oscar R. Best, Jr.  
Deputy Commissioner  
Division of Income Maintenance

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