
Medicaid Disability Manual

from work. Payments made to a family member for attendant care services may be deducted only if such family member, in order to perform the services, incurs an economic loss by terminating his/her employment or by reducing the number of his/her work hours.

- (iii) Medical devices such as wheelchairs, hemodialysis equipment, canes, crutches, inhalators and pacemakers
- (iv) Prosthetic devices, such as artificial replacements of arms, legs and other parts of the body
- (v) Work-related equipment, such as one-hand typewriters, telecommunication devices for the deaf, Braille devices, and specially designed work tools
- (vi) Residential modifications, in the form of changes to the exterior of the home to permit the individual to get to his/her means of transportation (e.g., exterior ramps, railings, pathways)
- (vii) For an individual working at home, modifications to the inside of his/her home in order to create a working space to accommodate an impairment (e.g., enlargement of a doorway leading into the office, modification of work space to accommodate problems in dexterity)

For a self-employed person, any cost deducted as a business expense cannot be deducted as an impairment-related work expense.

- (viii) Devices or appliances which are essential for the control of a disabling condition, either at home or in the work setting, and are verified as medically necessary (e.g., electric air cleaner for an individual with severe respiratory disease who cannot function in a non-purified air environment)
- (ix) Drugs or medical services, including diagnostic procedures, needed to control the individual's impairment

The drugs or services must be prescribed or used to reduce or eliminate symptoms of the impairment or to slow down its progression. The diagnostic procedures must be performed to ascertain how the impairment(s) is progressing or to determine what type of treatment should be provided for the impairment(s). Some examples of deductible drugs and medical services are: anticonvulsant drugs, antidepressant medication for mental disorders, radiation treatment or chemotherapy, corrective surgery

If completed by the A/R or A/R's representative, a district worker must review the form and, if necessary, contact the A/R or A/R's representative to ensure that all required information is documented on the form.

Part I- Information About Medical Conditions - should contain the A/R's description of his/her impairment(s), any symptoms he/she experiences, such as shortness of breath, pain, anxiety, and how the impairment(s) affects the A/R's ability to perform activities of daily living and work activities.

Part II- Information About Medical Records - should be thoroughly completed to help ensure that all recent medical sources and records have been identified.

Part III- Information About Education and Literacy - All areas should be completed for consideration by the Disability Review Team in the vocational evaluation.

Part IV- Information About the Work You Did in the Past 15 Years - Information about specific duties and activities in previous jobs must be thoroughly completed so the Disability Review Team can properly perform the vocational assessment in the sequential evaluation process. The kind and amount of physical activity should be documented for each job.

Part V- Agency Comments - should include any other information that may be relevant for the Disability Review Team.

The LDSS-1151.1 is a continuation sheet and should be used to report additional medical and/or employment information concerning the A/R.

- b. Form LDSS-486T/DOH-5143 "Medical Report for Determination of Disability" (This form can be found in CentraPort and the DOH intranet library.) This form can be used to secure medical information about the A/R. The local agency may either give this form to the A/R to take to his/her physician or send the form directly to the physician for completion.

5. Referral to Disability Review Team

The medical documentation and completed forms are submitted to the Disability Review Team for a determination of disability in accordance with procedures detailed in this manual. The Disability Review Team must complete Form LDSS-639/DOH-5144 "Disability Review Team Certificate" for each completed disability determination. (This form can be found in CentraPort and the DOH intranet library.)

6. Pending of Disability Cases

Department Regulation Section 360-2.4, 360.-5.7

Generally, eligibility must be determined within 45 days of the date of application; however, when determining categorical relatedness to disability the following applies. Disability status must be determined within 90 days of application. This time standard applies except in unusual circumstances such as where the agency