

RECENT CHANGES REGARDING INDIANA

MEDICAID

FOR THE DISABLED

Medicaid is available to persons age 65 or over; blind; or disabled. To qualify for Indiana Medicaid as a disabled individual, an applicant must have a physical or mental impairment, disease, or loss that appears reasonably certain to result in death or that has lasted or appears certain to last for a period of at least twelve months without significant improvement and that substantially impairs the ability to perform services or to engage in a useful occupation. I.C. 12-14-15-1(2)(A).

Until recently, Indiana made its own disability determinations and would not accept a determination of disability from the Social Security Administration; however, Indiana procedures were changed in November 2012 so that an individual currently receiving disability benefits through the Social Security Administration (SSA) will automatically meet the disability definition for Indiana Medicaid and will not need to submit medical documentation to the Medicaid Medical Review Team (MMRT). Upon applying for Medicaid Disability, the Eligibility Specialist will verify through the State Data exchange with the Social Security Administration whether the applicant is currently receiving Supplemental Security Income (SSI) or Social Security Disability (SSDI). If the applicant alleges to be receiving Social Security benefits on the basis of disability, but it is not verifiable through the data exchanges, the applicant can obtain proof of Disability status from the Social Security Administration. This verification must be directly issued by the SSA, must be current within 30 days, and must specify receipt of benefits on the basis of the individual's disability. An individual who has been determined by the SSA

to not be disabled, will not meet the Medicaid definition of disability unless the condition has worsened since the SSA denial or the individual has experienced the onset of a new condition not considered by the SSA. In this situation, medical information must be submitted to the MMRT for decision.

This is a significant change in the Indiana Medicaid Disability arena. The positive impact is that it will eliminate the need to gather additional medical records and physician's statements when an individual has already gone through the arduous Social Security Disability process. However, a Social Security Disability denial will negatively impact a potential Indiana Medicaid Disability applicant. This is troubling because the Social Security Administration denies many disability applicants who may choose not to pursue an appeal even though they have a credible case. With a recent Social Security denial on record potential Medicaid applicants will be unable to qualify for Medicaid Disability in Indiana unless they can show that since the previous denial from Social Security their condition has worsened or they have experienced the onset of a new medical condition.

If an individual has not applied for Social Security disability benefits, they will still have the option to apply for Indiana Disability Medicaid and go through the standard Medicaid Medical Review Team process. FSSA will request all medical records for the past 12 months and then send this information to the MMRT at the State Office of Medicaid Policy and Planning. The MMRT is made up of doctors, nurses, and other health care professionals and is responsible for deciding if the applicant is disabled. The MMRT reports its decision to the DFR who then issues a Medicaid approval or denial

notice based on the MMRT's decision in conjunction with the other resource and income eligibility criteria.

A Medicaid Disability applicant who meets the medical definition of disability must also meet the financial eligibility requirements. Such requirements include both a resource and income standard and are the same criteria applied to a Medicaid Aged recipient.

Indiana Medicaid laws are very complex and constantly changing. A potential Medicaid applicant should consider meeting with an experienced Elder Law attorney before pursuing a Medicaid application. The unrepresented applicant is at an extreme disadvantage under the current Indiana Medicaid system.

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