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703.01 Introduction

(Eff. 01/01/25)

703.02 Determination of Documented Blindness/Disability Status at Application

(Eff. 01/01/25)

This process must be followed when an application for Medicaid requires a blindness/disability determination. An Eligibility Specialist must establish if the applicant has applied for or is receiving Social Security Disability or Supplemental Security Income (SSI).

**Note:** Applicants are not required to apply for other benefits to receive and/or maintain Medicaid coverage.

If it is determined that an applicant does not meet other financial or non-financial eligibility requirements for a Medicaid category requiring a disability decision, refer the application for a MAGI determination only if the application did not originate as a MAGI application.

**Exception:** All eligibility factors must be developed before a TEFRA application can be denied.

When an application indicates disability; BENDEX, SDX, and OnBase should be researched to see if disability is already determined, there is documentation in existing systems, or if there is a pending disability referral.

The following Disability Determination Process details the steps used to arrive at a disability decision. A *Disability Packet* refers to the appropriate *Disability Report* along with a DHHS Form 921 that is sent to an applicant. The table below defines what a *Disability Report* is and what should be included in a *Disability Packet* when it is originally sent, and when an update is needed.

|  |  |  |
| --- | --- | --- |
| **Definitions** | | |
| **Term** | **Adult** | **Child (Under Age 18)** |
| *Disability Report* | * DHHS Form 3218 ME | * DHHS Form 3218-D ME |
| *Disability Packet* | * Disability Cover Letter * DHHS Form 3218 ME * DHHS Form 921 | * Disability Cover Letter * DHHS Form 3218-D ME * DHHS Form 921 |
| *Update Disability Packet* | * DHHS Form 3218-J, Update Disability Cover Letter * Copy of previously submitted DHHS Form 3218 * DHHS Form 3218 for updates and additions * DHHS Form 921 | * DHHS Form 3218-J, Update Disability Cover Letter * Copy of previously submitted DHHS Form 3218-D * DHHS Form 3218-D for updates and additions * DHHS Form 921 |

Start the Disability Packet Review Checklist (found in OnBase) at application and review when evaluating if a disability determination is required.

**703.02.01 Disability Decision Pending Application Status**

(Eff. 01/01/25)

Eligibility Specialists must select “Disability Decision Pending” as an application status in Cúram when a financial determination has been made, but the disability decision (MAO99) has not been returned. The “Disability Decision Pending” status is used to track and meet Federal timeliness expectations for Disability Applications. All requested information must be returned, and all Outstanding Verifications cleared for mandatory evidence; then Eligibility Specialists must select “Disability Decision Pending" as the application status in Cúram.

Eligibility Specialists must select “Disability Decision Received” when the disability decision (MAO99) has been received and the application is in “Disability Decision Pending” status. The “Disability Decision Received” status cannot be selected if the application is not in “Disability Decision Pending” status. The system will update the Income Support Application status to ‘Submitted’ when the user selects “Disability Decision Received”.

| **Disability Determination Process** | |
| --- | --- |
| **Step** | **Action** |
| **Disability Review Checklist** | **STEP 1**  Application indicates disability;   * Begin completion of the Disability Review Checklist in OnBase. Steps should be completed until a “Stop” is reached |
| **Disability Check – Interfaces** | **STEP 2**  Check BENDEX (MPPM 102.06.02B), SDX (MPPM 102.06.02C) and SVES (MPPM 102.06.02D). Refer to **[Check System Interfaces](#Check_System_Interface_BENDEX)**   * Has the applicant already been determined to be disabled, including all requested retroactive months?   + **YES** – Go to [**Process Application**](#Proc_App)   + **NO** – Go to [**Disability Check - OnBase**](#Dis_Chk_Step_2) |
| **Disability Check – OnBase** | * Is there an existing MAO99 that has not passed the diary date?   + **YES** – Go to [**MAO99 Return**](#MOA99_Ret)   + **NO** – Continue OnBase check * Is there a pending *Disability Packet* in OnBase for the current application?   + **YES** – Review the *Disability Packet* for completeness   **Note:** If the *Disability Packet* is incomplete, the missing pages/information will need to be requested via DHHS Form 1233.  Go to [**Process Application**](#Proc_App)   * + **NO** – Go to [**Applicant Contact**](#App_Con) |
| **Applicant Contact** | * Review the application and create a DHHS Form 1233 to request any additional information needed to complete an eligibility determination. * Attempt to contact the applicant by phone using the [**Disability Process Script**](#Dis_Proc_Scrpt) (MPPM 105.02.01)   + - * + Does the Applicant want to continue the disability process?   **YES** –  Confirm the applicant’s Name, Date of Birth, Social Security Number, Address and Phone Number  Go to [**Prepare Disability Packet**](#Prep_Dis_Pak)   * + - **NO** – Assess for Family Planning or other MAGI category. * If unable to contact the applicant by phone, go to [**Prepare Disability Packet**](#Prep_Dis_Pak) |
| **Prepare Disability Packet** | * On the *Disability Report*, type the applicant’s Name, Date of Birth, last four of the Social Security Number, Address, Phone Number, and other Identification and Contact information.   **Fill in the “For DHHS Use Only” box** by typing the complete Household Number and Application (Medicaid) Date and indicate whether it is a request for an Initial or Retro Only decision and the beginning of Retro months.   * On the DHHS Form 921, **fill in the “To Be Completed By SCDHHS” box** by typing the Name, last four of the Social Security Number, Date of Birth, and complete Household or Application ID number.   + A DHHS Form 921 is not necessary if the applicant is deceased and documentation was submitted with the date and cause of death, preferably the death summary or case notes from the hospital. * Update the DHHS Form 1233 to add the *Disability Packet* and *Medical Records* along with any financial and/or non-financial information that is needed. * Mail the DHHS Form 1233 and *Disability Packet* to the applicant and Authorized Representative. Allow 15 days to return the required information. Reminder: When setting the follow-up date in OnBase, add an additional two (2) days to allow for scanning and task creation in Workload Pro.   **NOTE**  If the applicant is deceased, include documentation of the date and cause of death, preferably the death summary or case notes from the hospital. The death must be linked to the applicant’s underlying disability.   * The Eligibility Specialist will complete the DHHS Form 3218-M (Capitol Bridge Referral Form) and upload in OnBase.   + The Eligibility Specialist will complete the Capitol Bridge Referral Service Manager ticket with the completed DHHS Form 3218-M form attached. * Go to [**Information Return**](#Info_Ret) |
| **Information Return**  If no information is returned within 15 days, deny the application for Failure to Return Information.  If information is returned, check Part 1 and Part 2.  **NOTE:** The Disability Packet must be checked, and the Checklist completed as soon as the Disability Packet is received. | **Part 1**  Is the *Disability Packet* returned within 15 days?   * **YES** –   + **Central Document Management (CDM)** – Scan the *Disability Packet* into OnBase (Document Type: MEDS-Disability Packet) with Trailing set to “YES.”   **NOTE:** Do not date stamp or make any other marks on the front of the DHHS Form 921   * + **Eligibility Specialist** – Go to [**Part 2**](#Part_2) and then go to [**Check Disability Report**](#Chk_Dis_Rep) * **NO** – * Is there still time left to return information” * Yes: Allow the remaining days to return the information. Go to [**Second Contact**](#Sec_Cont)   + - No: Deny the Non-MAGI application and assess for Family Planning or other MAGI category in Cúram.   **Note**  If partial information is returned but the disability packet was not returned, the Eligibility Specialist will deny for Failure to Return Information. If partial disability packet is returned, give 10 additional days to return the remaining information. For example,   * The income was returned, but the Disability Packet was not returned; Deny. * An incomplete Disability Packet was returned; give 10 additional days with another DHHS Form 1233 (the Eligibility Specialist will also ask for any outstanding financial and non-financial information. |
| **Part 2**  Is all other required information returned within 15 days?   * **YES** – Go to [**Eligibility Check**](#Eligibility_Check) * **NO** – * Is there still time left to return information” * Yes: Allow the remaining days to return the information. Go to [**Second Contact**](#Sec_Cont) * No: Deny the Non-MAGI application and assess for Family Planning or other MAGI category in Cúram. |
| **Second Contact** | Contact the applicant and clarify that information is still missing. Put the case in follow-up for the remainder of the time left to return the information.  Go to [**Second Contact Information Return**](#Sec_Cont_Info_Ret) |
| **Second Contact Information Return** | Did the applicant return the *Disability Packet*?   * **YES** – Go to [**Information Return – Part 1**](#Info_Ret_Pt_1) * **NO** – Deny the Non-MAGI application and assess for Family Planning or other MAGI category in Cúram. |
| Did the applicant return other requested information within 10 days?   * **YES** – Go to [**Eligibility Check**](#Eligibility_Check) * **NO** – Deny the application for Failure to Return Information |
| **Eligibility Check** | Verify all other financial and non-financial eligibility criteria.   * Does the applicant meet all other financial and non-financial criteria?   + **YES** – Check to see if the DHHS Form 3218-N, Disability Application and Medical Records Summary form was completed.     - If completed, Go to [**Check Disability Report.**](#Chk_Dis_Rep)     - If not completed, place the case back in Follow-Up for remaining time up to 45 days from the date of the Capitol Bridge Referral Form. * When the 45 days end, check OnBase for the Disability Application and Medical Records Summary Form, and in CGIS, change the application status to “Disability Decision Pending”. Go to [**Check Disability Report.**](#Chk_Dis_Rep)    + - * **Note**   If the DHHS Form 3218-N, Disability Application and Medical Records Summary has not been scanned into OnBase by the 47th day; the Eligibility Specialist will complete a Capitol Bridge Referral and Inquiries Service Manager ticket   * + **NO** – Send the DHHS Form 3218-L, Change of Circumstance Form to Capitol Bridge. * The coverage will be denied in the system of record. * If the applicant is not financially eligible (due to income), the Disability Packet should not be sent to the Disability Determination Team (DDT). It will be re-indexed as Disability History in OnBase.   **NOTE:** For Non-MAGI applicants with excess resources, they must be notified that they are allowed up to 45 days from the application date to reduce their resources and will be given a minimum 15-days to reduce resources.  See MPPM 302.02A Resource Reduction Period for Long-Term Care beneficiaries. |
| **Check Disability Report**  **Note**  The sooner this is done, the better. Do not wait for the Medical Records Summary to Check the Disability Packet and complete the checklist. | Access the *Disability Packet* in OnBase. Complete the Disability Process Checklist to evaluate the packet for completeness in OnBase.  *Disability Report (DHHS Form 3218 or 3218-D)*   * Is the *Disability Packet* contact information complete and legible?   + **YES**: Proceed to review the DHHS Form 921   **NOTE**  A *Disability Report* is still required with a posthumous application if a Disability Determination is required for eligibility.   * + **NO**: The Eligibility Specialist will complete the Service Manager ticket with the original completed DHHS Form 3218-M form attached and add a comment “Disability Packet incomplete”.     - Medicaid Policy > Capitol Bridge Referrals and Inquires > Ticket Type = Capitol Bridge Referral   Authorization to Disclose Health Information (Request for Medical Records) (DHHS Form 921)   * Is the MEDS-Disability Packet contact information complete and legible and did the applicant sign the DHHS Form 921?   **NOTE**: Do not date stamp or make any other marks on the front of the DHHS Form 921. If the applicant or Authorized Representative did not date when signed, do not deny. The Eligibility Specialist needs to attempt a collateral call to the applicant or Authorized Representative to get the form signed and dated. Inform the applicant or Authorized Representative that without a date, the disability process could be delayed.   * + **YES** – If all forms are complete and correct,     - Check OnBase to see if the “Disability Application and Medical Record Summary Form” (DHHS FM 3218-N) is in the case file.     - If the doc type DD-MRV Summary “Disability Application and Medical Record Summary Form” (DHHS 3218-N) is not in the case file, put the case in Follow-Up for 46 days from the date of the CB Referral Form to give CB time to complete the Medical Record Collection.       * If the doc type DD-MRV Summary “Disability Application and Medical Record Summary Form” (DHHS 3218-N) is not in the case file on the 47th day (from the date of the CB Referral Form), complete a SM Ticket for a status update.   + Eligibility Enrollment and Member Service > Medicaid Policy > Capitol Bridge Referrals and Inquiries   + The doc type DD-MRV Summary “Disability Application and Medical Record Summary Form” (DHHS 3218-N) is in the case file     - Re-index the *Disability Packet* from MEDS-Disability Packet to MEDS-Disability Application. While the re-index column is open, update the Disability Status Keyword with the dropdown value of “Pending DD Review.”     - Go to [**Disability Application sent to Disability Determination Team (DDT)**](#Disability_Application_sent_to_Disabilit)     - Set the “Disability Packet sent to VR?” indicator to “No” on the Tracking Form. This shows the Disability Determinations Team has not reviewed the MEDS-Disability Application, and the Disability Determination Vendor (DDV) has yet to receive the MEDS-Disability Application to make a Disability Determination.     - The Eligibility Specialist can establish the “Disability Decision Pending” Application Status indicator in CGIS.   **NOTE**: Be sure the POA signs their name on behalf of the client, not the client’s name. Include POA document with *Disability Application* when submitting to the disability determination team for processing.   * + **NO** –     - A DHHS Form 921 is not necessary if the applicant is deceased and documentation was submitted with the date and cause of death, preferably the death summary or case notes from the hospital.     - Contact the applicant by phone regarding any incomplete or illegible information in the *Disability Packet*.     - The Eligibility Specialist will complete the Service Manager ticket with the original completed DHHS Form 3218-M form attached and add a comment “Disability Packet incomplete”.       * Medicaid Policy > Capitol Bridge Referrals and Inquires > Ticket Type = Case Issue |
| **Disability Application sent to Disability Determination Team (DDT)** | If the applicant is financially eligible, the Eligibility Specialist should ensure the Disability Application was sent to the Disability Determination Team (DDT).   * Ensure the MEDS-Disability Application is in VR Workflow and exit date is blank. Right click the MEDS-Disability Application, choose “History,” then “Workflow Queues.” * If the MEDS-Disability Application is not in “VR Workflow” or has an Exit Date, put the MEDS-Disability Application into VR Workflow by right clicking the MEDS-Disability Application, choose “VR,” then “Execute,” then “Ok.” Confirm that the MEDS-Disability Application is now in VR Workflow. * Set the “Disability Packet sent to VR?” indicator to “No” on the Tracking Form. This shows the Disability Determinations Team has not reviewed the MEDS-Disability Application, and the Disability Determination Vendor (DDV) has yet to receive the MEDS-Disability Application to make a Disability Determination. * Set the follow-up date on the Tracking Form for 10 days to allow the Disability Determination Team time to review the *Disability Application* and send to the Disability Determination Vendor (DDV). **Note:** This will be done up to 2 times. If the DD Team has not received the packet by the end of the 20th day, the Eligibility Specialist will need to contact their direct supervisor for further instructions. * The Eligibility Specialist must establish the “Disability Decision Pending” Application Status indicator in CGIS.   + If the Disability Determination Team (DDT) has received the packet, the Eligibility Specialist must mark the **Disability Decision Pending** application status in CGIS. This can be done even if the Disability Determination Vendor (DDV) hasn’t received the disability packet. The Eligibility Specialist will still follow the instructions in the Check Disability Report section above.   + When the Disability Determination Team (DDT) has updated the Documentation Template to indicate the Disability Application was sent to the Disability Determination Vendor (DDV), the Eligibility Specialist will put the active Tracking Form in Follow-Up for 90 days from the application date.   **NOTE**  When the case returns after the 90 days from the application date and the MAO99 has not returned, set the Standard of Promptness (SOP) extension in Curam and set the Tracking Form follow-up date for 1 year. See Cúram Timers, Tasks & Work Queues Job Aid. |
| **Social Security Disability or Supplemental Security Income (SSI) Awarded** | **Award Letter from the Social Security Administration, BENDEX, or SDX results are returned.**    **Eligibility Specialist** – Did the applicant submit an award letter from the Social Security Administration or BENDEX/SDX return results to show that the applicant was awarded Social Security Disability or Supplemental Security Income (SSI)?   * **YES** – Was the award/start date for disability the same date or before the Medicaid application (this includes requested Retro dates if applicable)? * **Yes** – Go to [**Process Application**](bookmark://Proc_App) * **NO** – (Social Security Disability or Supplemental Security Income (SSI) start date is for after the Medicaid application date) * **Step 1:** Go to [**Process Application**](bookmark://Proc_App) and approve only the coverage for when Social Security Disability or Supplemental Security Income (SSI) was awarded. Leave the application date (and Retro, if applicable) pending awaiting the VR disability decision. * **Step 2:** Send notification (DHHS Form 3229-A) indicating the start date of the coverage and the dates that remain pending for an independent Disability Determination to the applicant, AR, and/or POA based on the Social Security Administration award letter * **NO** – Check case file for MAO99: Go to [**MAO99 Return**](#MOA99_Ret)   **Note**  If SSI is awarded, the Eligibility Specialist will need to submit a Service Manager ticket to Interfaces to be reviewed for PCAT 80 coverage if the PCAT 80 has not been pended and approved. |
| **MAO99 Return** | **CDM** – Scan MAO99 into OnBase (Document Type: MEDS Form MAO99; Trailing Document – Yes)  **Eligibility Specialist** – Does the MAO99 establish disability?   * **YES** –   + Does the MAO99 indicate an Adopted or Coordinated decision?     - **YES** – Go to [**Process Application**](bookmark://Proc_App)     - **NO** – Check BENDEX, SDX, and SVES to see if the applicant filed an application for benefits with the Social Security Administration.       * If an application with SSA was denied, determine the reason and the impact on the Medicaid decision. Go to [**Process Application**](bookmark://Proc_App) * **NO** – Assess for Family Planning or other MAGI category.   **Note**  The Eligibility Specialist can select the “Disability Decision Received” indicator in CGIS to change the application status back to “Submitted”. |
| **Process Application** | Evaluate the application for all eligibility criteria.  Does the applicant meet all eligibility criteria?   * **YES** – Approve the application for the appropriate category. * **NO** – Assess for Family Planning or other MAGI category. |

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| **System of Record** |
| Prior to processing the application, it must be determined whether the person already has eligibility in Cúram HCR or CGIS. The following steps apply to most situations.  **Applications originating in Cúram (HCR)**:   * + 1. Is the applicant Medicaid eligible?        1. Yes: Are they eligible in a full benefit category?           1. Yes: Treat the application like a reported change, apply changes.           2. No: Re-index to the correct work team.   If the applicant is found eligible under a non-MAGI category, eligibility in Cúram (HCR) must be ended before approving the application in Cúram (CGIS).   * + - 1. No: Re-index application to the correct work team. Refer to [**Eligibility - OnBase IndexingTool.pdf -All Documents.(sharepoint.com)**](https://schhs.sharepoint.com/:b:/r/sites/EES/Training/OnBase/OnBase%20Indexing%20Tool.pdf?csf=1&web=1&e=ThEiag).   **Applications originating in Cúram (CGIS):**  Determine if the applicant is Medicaid eligible.  If they are eligible in a full benefit category, the disability decision may not be needed.  If the applicant is not currently eligible in a full-benefits category, assess the application for ABD.  If the applicant is not eligible for ABD, assess for Family Planning and other MAGI categories.  If the person is not eligible in any full benefit Medicaid category and does not have Medicare, their information must be forwarded to the FFM. An email must be sent to [SP\_FFMTransfer@scdhhs.gov](mailto:SP_FFMTransfer@scdhhs.gov).   1. Subject Line of the email: Household Number 2. Body of the email: First and Last Name   **Note:** Applications processed in Cúram (HCR) will be referred automatically. |

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| **Procedure for Entering Onset Date of Disability** |
| **CGIS Procedure:**   * If an Eligibility Specialist can determine that the disability criteria are met without forwarding the case for a disability determination (SSA disability or current VR decision), the onset date of disability must be entered on the Disability Evidence. The onset date of disability entered would be a verified date based on BENDEX or SDX and can be found on one of the following sources:   + Award Letter if dated within the last 12 months   + MA099 if the diary date has not passed     - Use the existing MAO99 Disability Begin date   + BENDEX     - Use the DDO-Date of Disability Onset in BENDEX in the same way that BENDEX is used to determine disability. Use the existing flowcharts to determine if the DDO-Date of Disability Onset can be used. The main area of concern would be those individuals who are between 62 and 65.       * If the 62–65-year-old applicant is receiving early retirement, do not use the DDO-Date of Disability Onset. Additional verification of the DDO-Date of Disability Onset is required.       * If the 62–65-year-old applicant is receiving Medicare, use the DDO-Date of Disability Onset.   + SDX DISABILITY ONSET |

**Delayed Application Processing**

A *Disability Packet* not forwarded to Vocational Rehabilitation within 10 months of the signature on the DHHS Form 921 requires a new signed information release form. If the date is over 10 months old and a *Disability Application* HAS been sent to Vocational Rehabilitation, a new DHHS Form 921 is not needed. For an application filed posthumously or for an applicant who died after the original application, the Personal Representative of the deceased must sign the DHHS Form 921.

Check BENDEX and SDX to see if a disability decision has already been completed by the Social Security Administration. If there is no decision, contact the applicant using the Update Disability Packet script (MPPM 105.02.01A) to explain that an updated release form is required. Once contact is completed, send the Update Disability Packet to the applicant.

If the updated *Disability Packet* is not returned within 15 days, deny the application for failure to return information.

703.03 Disability Determination Script

(Eff. 01/01/25)

The following Disability Process Script must be used to contact the applicant or authorized representative when a disability determination may be required.

| Disability Process Script 703.02 | | |
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| Step | Script | Actions |
| **Call** |  | *Make call using the contact information on the application. If a person answers the call, go to* [***Introduction***](#Introduction)***.***  *If you get voice mail, go to* [***Call Back Message***](#Call_Back_Message)***.***  *If there is no answer, go to* **Prepare Disability Packet.**MPPM 703.02.01*.* |
| **Call Back Message** | Hi, this is Name with the South Carolina Department of Health and Human Services, Healthy Connections. Someone recently contacted our agency, and I am following up for more information. I will call back in the next 5 minutes. Thank you. | *After 3-5 minutes, attempt a second call to the applicant/ beneficiary.*  *If a person answers the call, go to* [**Introduction**](#Intro)**.**  *If there is no answer, Go to* [**Failed Contact**](#Failed_Contact)**.** |
| **Failed Contact** | Hi, this is Name with the South Carolina Department of Health and Human Services, Healthy Connections. I am calling today because someone recently contacted our agency. Since I am unable to reach anyone at this time, I will follow up with you through the mail. You will also receive a call from our Disability Determination staff to assist with the disability determination application process within the next 15 days.  If you have any questions about this call, you may contact the Healthy Connections Member Services Call Center at 1-888-549-0820 and someone will be able to help you. Once again, that number is 1-888-549-0820. Thank you. | *Go to* **Prepare Disability Packet.**MPPM 703.02.01 |
| **Introduction** | Hi, this is Name with the South Carolina Department of Health and Human Services, Healthy Connections. May I speak with Mr./Ms. Applicant (or Authorized Representative)? | *If person on the phone says the applicant is not available, go to* [**Not Available**](#Not_Avail)*.*  *If able to speak with the applicant, go to* [**Available**](#Avail)*.*  *If applicant is the person on the phone, go to* [**Available**](#Avail)*.* |
| **Not Available** | Mr./Ms. Last Name recently contacted our agency and we need to speak with him/her to get some more information. Since we cannot speak with Mr./Ms. Last Name right now we will contact him/her by mail. Can we take a few moments to make sure we have the correct contact information for Mr./Ms. Last Name?  Mr/Mrs. Last name will also receive a call from our Disability Determination staff to assist with the disability determination application process within the next 15 days. | *If the person on the phone is willing, confirm the name of the individual on the phone (ask if it is the person’s legal name and check the spelling), verify the date of birth and contact information (address and phone number) of the applicant if the person knows it.*  [**END CALL**](#End_Call)  *Go to* ***Prepare Disability Packet.*** MPPM 102.06.02A |
| **Available** | Mr./Ms. Last Name, you recently contacted our agency to apply for benefits and we need to follow up to get some additional information. First I need to confirm I am speaking with the right person. | *If someone other than the applicant answered the call, reintroduce yourself before continuing with the script.*  *Ask for name and date of birth of the individual and match and confirm with the information on the application. Ask for additional elements such as address and the last four digits of the SSN. If confirmed, go to* [**Disability Script*.***](#Dis_Script)  *If unable to confirm the identity of the applicant, indicate you will have to send the request by mail and go to Go to* ***Prepare Disability Packet****. MPPM 703.02.01* |
| **Disability Script** | On your application for Medicaid, you checked that you may be disabled. We are trying to help make the process go a little more smoothly, so we want to give you some information about applying for Medicaid based on disability so you can make the best decision about what to do next. | Go to [**General Medicaid Information**](#Gen_Med_Info)**.** |
| **General Medicaid Information** | Medicaid is for people who have a financial need, but it is more than just how much money you may or may not have. You must also be part of a coverage group, or category. In addition to being disabled or age 65 or older, there are four other broad categories. You can be a:   * Child under age 19; * Pregnant woman; * Parent (or other caretaker of children) in families with dependent children; or * Person diagnosed with and receiving treatment for breast or cervical cancer.   Do you believe you may be part of one of these other groups? | *If the person indicates he/she may be eligible under one of the other categorical groups, explore possible eligibility in a MAGI group.*  *If the person does not indicate possible eligibility in a MAGI group, go to* [**Define**](#Define)***.*** |
| **Define** | Because you checked on the application that you have a disabling physical, mental, or emotional health condition that causes limitations in activities, we want to talk about what that means and explain the disability determination process.  Medicaid uses the same definition of disability as the Social Security Administration (SSA). This definition is different than that used by other programs. This may be different than you receiving disability from work or the VA or your doctor telling you that you are disabled and need special medical treatment or some kind of accommodation, such as handicap parking. You are only eligible for Social Security if you have a permanent and total disability. You will not receive benefits if your disability is partial or short-term. Because Medicaid has the same rule, you must be totally disabled to be eligible as part of this coverage group.  Social Security's disability definition is based on your inability to work. You may be considered disabled under Social Security rules if:   * You cannot do work that you did before; * It is determined that you cannot adjust to other work because of your medical condition(s); and * Your disability lasts or is expected to last for at least one year.   Disability is more than just having a serious medical problem. Your age, education, work history and how long your problem is expected to last all make a difference. For instance, an individual may not be able to go back to a past job requiring heavy lifting and standing but might be able to work at a different job that requires light lifting and mostly sitting. | ***If example is needed to explain:***  A 32 year old office specialist with a college degree who is no longer able to walk may not be disabled. On the other hand, a 59-year-old construction specialist who did not finish high school who has the same condition may be disabled.  ***If person indicates condition is terminal:***  I’m sorry to hear that. This is something that is taken into consideration in making the decision.  Go to [**SSA Screening**](#SSA_Screen)**.** |
| **SSA Screening** | Have you already applied for SSA disability? | *If the applicant answers yes, go to* [***SSA Status***](#SSA_Stat)***.***  *If the applicant answers no, reply “You are not required to apply for SSA to receive Medicaid coverage; however, you may apply if you wish.”*  *Go to* [**Disability Process**](#Dis_Proccess)***.***  *If the applicant wants contact information for SSA:*  You can go to the Social Security website to get more information and to apply for benefits at [www.ssa.gov](http://www.ssa.gov).  *If the applicant wants a phone number for SSA:*  You can get more information by calling SSA at  1-800-772-1213  (TTY 1-800-325-0778) |
| **SSA Status** | Has SSA approved or denied your application? | *If approved, ask for verification then go to* [**Process Application**](#Proc_App)*.*  *If denied, go to* [**Disability** **Process**](#Dis_Proccess)**.** *If still in progress, go to* [**Disability** **Process**](#Dis_Proccess)**.** |
| **Disability Process** | In South Carolina, Medicaid disability decisions may be independent or coordinated with Social Security. Decisions coordinated with the Social Security Administration may be able to get a monthly check. If you are waiting on a coordinated decision from Social Security, we still ask you to fill out the disability forms. When Disability Determination Services (DDS) gets the paperwork, they will match it with your Social Security application and work both at the same time.  If you have not already filed with the Social Security Office and need an independent disability decision, we can send a request for a disability determination. We ask you to fill out the disability forms and submit Medical Records. It may still take about the same amount of time that it takes to get a decision for Social Security, but there is no monthly check associated with the disability decision.  Someone from the South Carolina Disability Determination staff will contact you to assist with the application process.  Getting a disability decision can take a long time, but providing all the requested information can prevent unnecessary delays. | *Go to* [**Application for Other Benefits**](#App_Other_Bene)***.*** |
| **Application for Other Benefits** | The South Carolina Department of Health and Human Services (SCDHHS) does not require you to apply for other benefits to become Medicaid eligible. If you are determined to be Medicaid eligible, you will only receive healthcare coverage. However, if you wish to receive financial assistance, you may choose to explore other options that may be available to you through the Social Security Administration, the Department of Social Services, the Veterans Administration, etc.  If you have been deemed eligible for disability for over two years or if you are turning 65 within the next 3 to 6 months, you should contact the Social Security Administration regarding obtaining your Medicare benefits. | *Go to* [**Next Step**](#Next_Step)***.*** |
| **Next Step** | Based on what we have talked about today, do you feel that your disability meets the Social Security requirements? | *If applicant says Yes and wants to pursue disability, go to* [**Continue Process**](#Cont_Proc)***.***  *If applicant says No and does not want to pursue disability, go to* [**Other Category**](#Other_Cat)***.*** |
| **Continue Process** | If you think you may have a disability that meets Social Security’s requirements, we will send you some forms to fill out. The questions on the form will ask about the following:   1. Medical information – a description of the problems you are having, the doctors you have seen, hospital visits, tests 2. Education history – grade completed, school attended 3. Work history – Jobs worked in the past 15 months and the kind of work you did   You will also have space to give any other information you think may help.  There will also be a DHHS Form 921, that you will need to sign and date that will allow us to obtain medical records needed to make the disability decision. Do not write any other information or make any other marks on the form.  Note: A DHHS Form 921 is not necessary if the applicant is deceased and documentation was submitted with the date and cause of death, preferably the death summary or case notes from the hospital.  You will need to send the whole packet back to us within 15 days so we can continue the process. An envelope is included but you must put the postage on it. | *Discuss any other information that needs to be requested on the DHHS Form 1233 ME.*  *Go to*[**Medical Records Collection**](#Medical_Records_Collection)**.** |
| **Medical Records Collection** | You will receive a call from the Disability Determination staff to assist with the collection of medical records needed to process your disability claim. To make this process as easy as possible, you may want to have any medical records accounts easily accessible, including your account logins and passwords (i.e., My Chart, Healow, Athene, Kaiser etc...).  The Disability Determination Staff will not request your login information or passwords. You should not provide this information to anyone.  The Disability Determination staff will simply help assist you with locating the required documents, download instructions, and using the SCDHHS document upload tool. | *Go to*[**End Call**](#End_Call) |
| **Other Category** | Based on what we have talked about, if you decide that your disability is not likely to meet Social Security’s requirements, then we can use your application to see if there is anything else that you may be eligible for. Depending on your situation, you may be eligible for another full Medicaid category, a limited benefit Medicaid program, or you may not be eligible at all. | *Discuss any other information that needs to be requested on the DHHS Form 1233 ME.*  *Go to* [**End Call**](#End_Call) |
| **End Call** | Thank you for your time today. If you think of any questions after this call, you can call the Healthy Connections Member Services Call Center at 1-888-549-0820 and they can help you. |  |

703.02.01A MAGI to Non-MAGI/LTC Disability Process Script

(Eff. 01/01/25)

The following Disability Process Script must be used to contact the applicant or authorized representative when a disability determination may be required during the MAGI to Non-MAGI/LTC Ex Parte process.

| Ex Parte Disability Process Script 703.02.01A | | |
| --- | --- | --- |
| Step | Script | Actions |
| Call |  | *Make call using the contact information on the application. If a person answers the call, go to* [***Introduction***](#Intro)***.***  *If you get voice mail, go to* ***[Call Back Message.](#Call_Back_Message)***  *If there is no answer, go to* **Prepare Disability Packet.**MPPM 102.06.02A*.* |
| Call Back Message | Hi, this is Name with the South Carolina Department of Health and Human Services, Healthy Connections. Someone recently contacted our agency, and I am following up for more information. I will call back in the next 5 minutes. Thank you. | *After 3-5 minutes, attempt a second call to the applicant/ beneficiary.*  *If a person answers the call, go to* [**Introduction**](#Introduction)**.**  *If there is no answer, Go to* [**Failed Contact**](#Failed_Contact)**.** |
| Failed Contact | Hi, this is Name with the South Carolina Department of Health and Human Services, Healthy Connections. I am calling today because someone recently contacted our agency. Since I am unable to reach anyone at this time, I will follow up with you through the mail. You will also receive a call from our Disability Determination staff to assist with the disability determination application process within the next 15 days.  If you have any questions about this call, you may contact the Healthy Connections Member Services Call Center at 1-888-549-0820 and someone will be able to help you. Once again, that number is 1-888-549-0820. Thank you. | *Go to* **Prepare Disability Packet.**MPPM 102.06.02A |
| Introduction | Hi, this is Your Name with the South Carolina Department of Health and Human Services, Healthy Connections. May I speak with Mr./Ms. Last Name (or Authorized Representative)? | *If person on the phone says the applicant is not available, go to* [**Not Available**](#Not_Available)*.*  *If able to speak with the applicant, go to* [**Available**](#Available)*.*  *If applicant is the person on the phone, go to* [**Available**](#Available)*.* |
| Not Available | Mr./Ms. Last Name recently contacted our agency and we need to speak with him/her to get some more information. Since we cannot speak with Mr./Ms. Last Name right now, we will contact him/her by mail. Can we take a few moments to make sure we have the correct contact information for Mr./Ms. Last Name?  Mr./Ms. Last Name will also receive a call from our Disability Determination staff to assist with the disability determination application process within the next 15 days. | *If the person on the phone is willing, confirm the name (ask if it is the person’s legal name and check the spelling), date of birth if the person knows it, and contact information (address and phone number).*  [**END CALL**](#End_Call)  *Go to* ***Prepare Disability Packet.*** MPPM 102.06.02A |
| Available | Mr./Ms. Last Name, you recently returned your review and we need to follow up to get some additional information. First I need to confirm I am speaking with the right person. | *If someone other than the member answered the call, reintroduce yourself before continuing with the script.*  *Ask for name and date of birth of the individual and match and confirm with the information on the review and in the system of record. Ask for additional elements such as address and the last four digits of the SSN. If confirmed,*  *Go to* [**MAGI to Non-MAGI Disability Script**](#Non_MAGI_Disability_Script)**.**  *If unable to confirm the identity of the member, indicate you will have to send the request by mail and go to Go to Prepare Disability Packet. MPPM 102.06.02A* |
| MAGI to Non-MAGI Disability Script | On your Annual Review for Medicaid benefits, you checked that you may be disabled. We are trying to help make the process go a little more smoothly. We want to give you some information about applying for Medicaid based on disability so you can make the best decision about what to do next. | Go to [**General Medicaid Information.**](#General_Medicaid_Information) |
| General Medicaid Information | Medicaid is for people who have financial needs, but it is more than just how much money you may or may not have. You must also be part of a coverage group, or category. Because you no longer meet the eligibility criteria for your current coverage group, and to qualify in another category, you must meet the age or disability requirement. There are two other broad categories.   * Non-MAGI which includes either full Medicaid benefits for doctor and hospital visits or coverage for your Medicare Part B premiums only for individuals who are disabled. * Long-Term Care which includes full benefits for institutional coverage such as residential care, nursing home facilities, and in-home care for individuals who are disabled.   Do you believe you may be part of one of these other groups; Or do you have Breast or Cervical Cancer? | *If the person indicates he/she may be eligible under one of the other categorical groups, explore possible eligibility and go to* [**Define**](#Define)***.***  *If the person does not indicate he/she may be eligible under one of the other categorical groups, go to Offer Family Planning.* |
| Define | Because you checked on the Annual Review Form that you have a disabling physical, mental, or emotional health condition that causes limitations in activities, we want to talk about what that means and explain the disability determination process.  Medicaid uses the same definition of disability as the Social Security Administration (SSA). This definition is different than that used by other programs. This may be different than you receiving disability from work or the VA or your doctor telling you that you are disabled and need special medical treatment or some kind of accommodation, such as handicap parking. You are only eligible for Social Security if you have a permanent and total disability. You will not receive benefits if your disability is partial or short-term. Because Medicaid has the same rule, you must be totally disabled to be eligible as part of this coverage group.  Social Security's disability definition is based on your inability to work. You may be considered disabled under Social Security rules if:   * You cannot do work that you did before; * It is determined that you cannot adjust to other work because of your medical condition(s); and * Your disability lasts or is expected to last for at least one year.   Disability is more than just having a serious medical problem. Your age, education, work history and how long your problem is expected to last all make a difference. For instance, an individual may not be able to go back to a past job requiring heavy lifting and standing but might be able to work at a different job that requires light lifting and mostly sitting. | ***If example is needed to explain:***  A 32-year-old office worker with a college degree who is no longer able to walk may not be disabled. On the other hand, a 59-year-old construction worker who did not finish high school who has the same condition may be disabled.  ***If person indicates condition is terminal:***  I’m sorry to hear that. This is something that is taken into consideration in making the decision.  Go to [**SSA Screening**](#SSA_Screening)**.** |
| SSA Screening | Applying for disability can be a long process.  Have you already applied for SSA disability? | *If the applicant answers yes, go to* [***SSA Status***](#SSA_Status)***.***  *If the applicant answers no, go to* [**Disability Process**](#Disability_Process)***.***  *If the applicant wants contact information for SSA:*  You can go to the Social Security website to get more information and to apply for benefits at [www.ssa.gov](http://www.ssa.gov).  *If the applicant wants a phone number for SSA:*  You can get more information by calling SSA at  1-800-772-1213  (TTY 1-800-325-0778) |
| SSA Status | Has SSA approved or denied your application?  If Yes ask:  Have you been disabled for two years or more?   * If Yes, are you receiving Medicare benefits?   + If Yes, do you know the Medicare Number on your card     - Medicare ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * If no, do not ask about Medicare benefits. | *If approved, ask for verification then go to* [**Process Application**](#Proc_App)*.*  *If denied, go to* [**Disability** **Process**](#Disability_Process)**.** |
| Disability Process | In South Carolina, Medicaid disability decisions may be independent or coordinated with Social Security. If you are waiting on a coordinated decision from Social Security, we will ask you to fill out the disability forms. When Disability Determination Services (DDS) gets the paperwork, they will match it with your Social Security application and work both at the same time. If you are waiting on an independent disability decision, we will ask you to fill out the disability forms.  Someone from the South Carolina Disability Determination staff will contact you to assist with the application process.  Getting a disability decision can take a long time, but providing all the requested information can prevent unnecessary delays. By applying for Social Security, if you are eligible, you may be able get a monthly check.  We can send a request for a disability determination if you have not filed with Social Security. It will still take about the same amount of time that it takes to get a decision for Social Security. | *Go to* [**Application for Other Benefits**](#Application_Other_Benefits)***.***  *Go to* [**Next Step**](#Next_Steps)***.*** |
| Application for Other Benefits | The South Carolina Department of Health and Human Services (SCDHHS) does not require you to apply for other benefits to become Medicaid eligible. If you are determined to be Medicaid eligible, you will only receive healthcare coverage. However, if you wish to receive financial assistance, you may choose to explore other options that may be available to you through the Social Security Administration, the Department of Social Services, the Veterans Administration, etc.  If you have been deemed eligible for disability for over two years or if you are turning 65 within the next 3 to 6 months, you should contact the Social Security Administration regarding obtaining your Medicare benefits. | *Go to* [**Next Step**](#Next_Steps)***.*** |
| Next Step | Based on what we have talked about today, do you feel that your disability meets the Social Security requirements? | *If applicant says Yes and wants to pursue disability, go to* [**Continue Process**](#Continue_Process)***.***  *If applicant says No and does not want to pursue disability, go to* [**Other Category**](#Other_Category)***.*** |
| Continue Process | If you think you may have a disability that meets Social Security’s requirements, we will send you some forms to fill out. The questions on the form will ask about the following:   * Medical information – a description of the problems you are having, the doctors you have seen, hospital visits, tests * Education history – grade completed, school attended * Work history – Jobs worked in the past 15 months and the kind of work you did   You will also have space to give any other information you think may help.  There will also be a second form that you will need to sign and date that will allow us to obtain medical records needed to make the disability decision. Do not write any other information or make any other marks on the form.  Note: A DHHS Form 921 is not necessary if the applicant is deceased and documentation was submitted with the date and cause of death, preferably the death summary or case notes from the hospital.  You will need to send the whole packet back to us within 15 days so we can continue the process. An envelope is included but you must put the postage on it.  Does your reported disability limit your ability to complete the paperwork? If so, would you like to go over the paperwork in this call? | *If yes, go over the disability application and fill in the form over the phone. Then Mail the completed form to the beneficiary.*  *If no, complete the top of the form and mail the form to the beneficiary.*  *Discuss any other information that needs to be requested on the DHHS Form 1233 ME.*  *Go to* [***M*edical Records Collection**](#Medical_Records) |
| Medical Records  Collection | You will receive a call from the Disability Determination staff to assist with the collection of medical records needed to process your disability claim. To make this process as easy as possible, you may want to have any medical records account easily accessible, including your account logins and passwords (i.e., My Chart, Healow, Athene, Kaiser etc...).  The Disability Determination Staff will not request your login information or passwords. You should not provide this information to anyone.  The Disability Determination staff will simply help assist you with locating the required documents, download instructions, and using the SCDHHS document upload tool. | *Go to* [**Call End**](#Call_End) |
| Other Category | Based on what we have talked about, if you decide that your disability is not likely to meet Social Security’s requirements, then we can use your review to see if you qualify for Family Planning which does not meet the Minimum Essential Coverage Requirement under the Affordable Care Act. Family Planning is a limited-benefit that provides coverage for preventive health care, family planning services, and family planning-related services.  You also have the option to apply for Federal Marketplace coverage through the HealthCare.gov website, which may lead to lower costs for health insurance. | *Discuss any other information that needs to be requested on the DHHS Form 1233 ME.*  *Go to* [**Call End**](#Call_End) |
| End Call | Thank you for your time today. If you think of any questions after this call, you can call the Healthy Connections Member Services Call Center at 1-888-549-0820 and they can help you. |  |

703.04 OnBase Scanning Tools

703.04.01 Application Scanning Crosswalk

(Eff. 03/01/25)

|  |  |  |  |
| --- | --- | --- | --- |
| Form | Document Type | Index By | Notes |
| 3400  (including addendums attached at application)  3400-A or 3400-B  (without a 3400)  3401  Application with Medicare Member  Specialty Application (BCCP, TEFRA, Refugee, Foster Care/Adoption) | MEDS-Cúram Application | Person ID# only (HCR/CGIS) | Do not include an IC#; scan with primary SSN and Claim Type based on application questions |
| Initial Medical Records Request Letter  FM 1233 (Medicaid Eligibility Checklist) | MEDS – Info Requests | HH#/AppID |  |
| Application for Mixed  Household  (MAGI and Non-MAGI/LTC Members) | MEDS-Cúram Application | Person ID# only  (HCR/CGIS) | Do not include an IC# |
| Form 400 and 400-DPH  (Family Planning Only) | MEDS-Cúram Application | Person ID# only (HCR/CGIS) | Do not include an IC#; Claim Type: FP Only |
| 3218 ME (Adult Disability Report)  3218-D (Child Disability Report) | MEDS - Disability Packet | HH#/AppID | Trailing Doc? “YES” |
| 921 (Authorization to Disclose Health Information) | MEDS - Disability Packet (Scan in with the 3218 ME or 3218-D) | HH#/AppID |  |
| 3218-M (Capitol Bridge Referral Form) | MEDS – MRV Referral Form | HH#/AppID |  |
| 3218-L (Disability Determination - Change of Circumstance Form) | MEDS – DD Misc | HH#/AppID | Trailing Doc? “YES” |
| 3218-N (Disability Application and Medical Records Summary) | MEDS – MRV Summary | HH#/AppID | Trailing Doc? “YES” |
| MAO99 (State of South Carolina Disability Transmittal) | MEDS – MAO99 and MEDS – DD History (Copy with all disability determination documents) | HH#/AppID | Trailing Doc? “YES” |
| Medical Records  Individualized Education Program (IEP) Records | MEDS – DD Medical Records | HH#/AppID |  |

**\* Always include name, SSN and other keywords**

**IMPORTANT**

If trailing documents are received with an application or review**, scan the application or review first** and then the trailing documents, being sure to select YES to the “Trailing Document” keyword.

703.05 Disability Determination Vendors

(Eff. 01/01/25)

Disability Determination Vendors

* South Carolina Vocational Rehabilitation Department in conjunction with the Social Security Administration
  + Disability Determination
* The forHealth Consulting at UMass Chan Medical School (UMASS)
  + Disability Determination
  + UMASS’s disability determination workflow is electronic and built entirely into OnBase.
* Capitol Bridge
  + Helps applicants and recipients complete the Disability Packet and obtain medical records from the medical providers.

703.06 Disability Determination OnBase Document Type and Forms

(Eff. 01/01/25)

* Scan in Medicaid App under Cúram-Application (Document Type)
  + DHHS Form 3400 Healthy Connections Application
  + DHHS Form 3400-A Additional Information for Select Medicaid Programs (Non-MAGI Addendum)
  + DHHS Form 3400-B Additional Information for Nursing Home and In-Home Care (LTC Addendum)
  + DHHS Form 3401 Application for Nursing Home, Residential or In-Home Care (LTC)
* Scan in other supporting documents (if turned in)
  + Income (Document Type)
  + Resource (Document Type)
  + MEDS-Authorized Representative (Document Type)
    - Power of Attorney (POA), DHHS Form 1282 (DHHS Authorization Rep form), legal guardianship documents
  + MEDS-Level of Care (Previously “MEDS-LTC Form)
    - Level of Care (FM 185)
* Scan in disability-related forms (if turned in)
  + Disability Packet (Document Type)
    - DHHS Form 3218ME (Adult Disability Report)
    - DHHS Form 3218-D ME (Child Under 19 Disability Report)
    - DHHS Form 921 (Authorization to Disclose Health Information)
  + Medical Records (“MEDS - DD Medical Records” Document Type)
    - CDM/LEP Admin Workers will review Medical Records for multiple providers
      * If able to identify different providers, Medical Records will be scanned by each provider
    - Individualized Education Program (IEP) Records
  + MEDS – Form MAO99 (SCDVR & UMASS – Use ONLY)
    - MAO99(State of South Carolina Disability Transmittal)
  + MEDS – Disability History
    - MAO99 and Disability Determination Documents
  + MEDS – DD Misc
    - Disability Determination - Change of Circumstance Form (FM 3218-L)
      * DHHS Form 3218-L (Change of Circumstance) is used to indicate changes to an applicant’s case.
        + Changes include:

Receiving an SSA decision

Withdrawal Requested

Death Reported

Address Change

Phone Number Change

Name Change

**IMPORTANT:** The Eligibility Specialist must enter the individual’s Curam Reference Number in the Client ID field.

**Note**: When a change is reported, the Eligibility Specialist will determine if the Medical Records collection process will continue.

* + MEDS - MRV Referral Form
    - Capitol Bridge Referral (FM 3218-M)
      * Completed by the SCDHHS Eligibility Specialist to communicate with Capitol Bridge to start the Disability Packet and Medical Records collection process.
        + The Capitol Bridge Referral form includes the Applicant’s:

Application/Case #, which can be used to upload and search for additional documents in OnBase

Medicaid ID#

Client ID#

Curam Reference Number in the Client ID field

Date of Application

Indication of Retro Requested

Name and demographics

Applicant’s SSN, Date of Brith, Date of Death (if applicable)

Agency-approved Authorized Representative, Guardian, POA

Eligibility Specialist will also indicate if a Disability Report, 921, or any Medical Records have been received

* + MEDS – MRV Summary
    - Disability Application and Medical Records Summary (DHHS Form 3218-N and DHHS Form 3218-NX: for Additional providers) (Capitol Bridge - Use ONLY)
      * Completed by Capitol Bridge to indicate contacts made with the Applicant / Authorized Representative and the Providers
        + Indicates which medical records were received
        + Includes up to 5 Providers

**Note**: There is also a DHHS Form 3218-NX if space is needed for additional providers

* + MEDS - Info Requests
    - Medicaid Eligibility Checklist (FM 1233 ME)
    - Initial Medical Records Request Letter (Capitol Bridge - Use ONLY)

703.07 Disability Determination Tool and Links

(Eff. 01/01/25)

Disability Determination Process – PILOT ONLY

[Disability Determination Process PPT](https://schhs.sharepoint.com/:b:/r/sites/EES/Training/Non-MAGI/2024%20PILOT%20-%20Disability%20Determination/00%20-%20Disability%20Determination%20Process%20-11.12.2024%20-%20FINAL%20-%20PILOT.pdf?csf=1&web=1&e=EZ4rSf)

[Handout- Disability Determination Process](https://schhs.sharepoint.com/:b:/r/sites/EES/Training/Non-MAGI/2024%20PILOT%20-%20Disability%20Determination/01%20-%20Handout%20-%20Disability%20Determination%20Process%20for%20Eligibility%20Specialists.pdf?csf=1&web=1&e=a58O7O)

[Quick Steps for Disability Determination Process](https://schhs.sharepoint.com/:b:/r/sites/EES/Training/Non-MAGI/2024%20PILOT%20-%20Disability%20Determination/02%20-%20Quick%20Steps%20for%20Disability%20Determination%20Process.pdf?csf=1&web=1&e=wufAEE)

[Handout – Flowchart- Using BENDEX to Determine Disability](https://schhs.sharepoint.com/:w:/r/sites/EES/Training/Non-MAGI/2024%20PILOT%20-%20Disability%20Determination/09-C%20-%20Handout%20-%20Flowchart%20-%20Using%20BENDEX%20to%20Determine%20Disability%20-%2004.15.2022.docx?d=w768fc5eb38724ac4940a36e26624f579&csf=1&web=1&e=UIF8SL)

[Handout – Flowchart- Using SDX to Determine Disability](https://schhs.sharepoint.com/:w:/r/sites/EES/Training/Non-MAGI/2024%20PILOT%20-%20Disability%20Determination/09-F%20-%20Handout%20-%20Flowchart%20-%20Using%20SDX%20to%20Determine%20Disability%20-%2004.15.2022.docx?d=w94570822a8534dd29620bb03bdbba134&csf=1&web=1&e=Hcc3yM)

[Factsheet - Application Status Disability Decision Pending.pdf](https://schhs.sharepoint.com/:b:/r/sites/EES/Training/Non-MAGI/2024%20PILOT%20-%20Disability%20Determination/Factsheet%20-%20Application%20Status%20Disability%20Decision%20Pending.pdf?csf=1&web=1&e=bqV6Cb)

[CÚRAM TIMERS & REQUEST FOR INFORMATION (RFI) ACTION](https://schhs.sharepoint.com/sites/EES/Training/Forms/AllItems.aspx?id=%2Fsites%2FEES%2FTraining%2FCuram%2FCGIS%2FJob%20Aids%2FCuram%5FTimers%5Fand%5FRFI%5FActions%5FJA%2Epdf&parent=%2Fsites%2FEES%2FTraining%2FCuram%2FCGIS%2FJob%20Aids) (Standard of Promptness (SOP) Job Aid)

Disability Determination Process Guide/Quick Steps (Pending)

Job Aid (Pending)