
INFORMATIONAL LETTER

TRANSMITTAL: 92 INF-41

TO: Commissioners of
 Social Services

DIVISION: Medical
 Assistance

DATE: October 5, 1992

SUBJECT: Medical Assistance Disability Approval Notice Option

SUGGESTED

DISTRIBUTION: Medical Assistance Disability Staff
 MA Supervisors
 Public Assistance Supervisors
 Services Supervisors
 Staff Development Supervisors
 Fair Hearing Staff

CONTACT PERSON: State Medical Assistance Disability Representative
 (1-800-342-3715, extension 3-0185)

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

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
90 ADM-17		350.5		MARG pp.	
89 ADM-21		355		378-387	
87 ADM-41		358-3.3		MA	
87 ADM-19		360-2.2-2.6		Disability	
87 ADM-3		360-5		Manual,	
86 ADM-8				POLICY 7	

This release provides districts with an alternative to the current practice of attaching the DSS-639, "Disability Review Team Certificate", or transferring the information contained therein to the DSS-4141, "Notice of Medical Assistance Disability Determination" for cases which are approved for disability.

The DSS-4141 was introduced in 90 ADM-17, "Mandatory Notice: Disability Determinations", as a means of notifying clients of the Disability Review Team's decision regarding their disability status. This directive provides that districts attach a copy of the DSS-639 to the DSS-4141, or copy the information contained in item 10 of the DSS-639 onto the DSS-4141 in order to notify the client of the reasons for the disability decision. It has been brought to our attention that inasmuch as the DSS-639 frequently contains information of a sensitive nature, an alternative means of notifying applicants/recipients (A/Rs) of their approval for disability is warranted. To meet this need, language which may be substituted for the complete rationale is introduced in this release.

Districts are strongly encouraged to utilize the language contained in this release on the DSS-4141 rather than attaching the information contained in the DSS-639. This substitution may be used only in cases which have been approved for disability.

Districts which opt to use standardized approval language on the DSS-4141 must use the following language:

 (Name) , meet(s) the definition of disability, 18 NYCRR 360-5.2(b), which states, in part, that "disability is the inability to engage in substantial gainful activity (work) by reason of any medically determinable physical or mental impairment...". If you want more information regarding this decision, please call at .

Districts should indicate the name and telephone number of the appropriate contact person in the last sentence of the standardized statement. Effective dates and (for group II approvals) expiration dates must be indicated on the DSS-4141 in the appropriate spaces.

The DSS-639 (or the rationale in item 10) should still be sent to clients who have been disapproved for disability (in accordance with the directions set forth in 90 ADM-17), along with the DSS-4141. In all cases, item 10 of the DSS-639 should be fully completed with the appropriate regulatory citation(s), (such as the medical listing or medical-vocational rule), and the rationale used in making the determination.

Date October 5, 1992

Trans. No. 92 INF-41

Page No. 3

A sample DSS-4141 (Attachment I) completed in conformity with the provisions of this release is attached.

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