



**Expedited Application
Process
For Social Security and
Medicaid**

We need title suggestions!

**DEVELOPED IN PARTNERSHIP & WITH FINANCIAL SUPPORT
FROM THE OHIO DEPARTMENT OF MENTAL HEALTH**

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This manual is the result of the Expedited Benefits pilot project, a partnership between the Ohio Department of Mental Health, Ohio Rehabilitation Services Commission/Bureau of Disability Determination, Social Security Administration, Cuyahoga County Community Mental Health Board, Franklin County Alcohol, Drug Abuse & Mental Health Board, Columbus Area CMHS, Cuyahoga & Franklin County Department of Job and Family Services, and community mental health agencies from Cuyahoga and Franklin county.

The Ohio Department of Jobs and Family Services and Social Security Administration retain all rights as it relates to defining the process, criteria used, and benefits allocated to eligible individuals. This manual is intended ONLY to provide guidance in the application process, and does not super-cede ODJFS and/or SSA standards or policy.

These government websites provide specific & up-to-date information:
 Medicaid: <http://fs.ohio.gov/Ohp/>
 Social Security: <http://ssa.us.gov>

The Purpose of this Manual

Medical insurance is extremely important to all of us. For those who are un/underemployed and struggling with a severe mental disability, medical insurance is critical. Without medical insurance it is difficult, if not impossible, to access the mental health services and medications that can support recovery. Income is equally important. The challenges of a severe disability often make it difficult, if not impossible, to work. Without income and insurance, homelessness becomes a very real possibility.

The cost of providing care to uninsured individuals is paid for by the state; that cost is then passed on to the county. In this sense, it is almost as critical to the State of Ohio, as it is to the individual, that those who are eligible for Medicaid receive it!

This manual was developed to assist caregivers of individuals who are challenged with a severe mental disability and may be eligible for Social Security and/or Medicaid benefits. Whether you are a mental health worker or a family member, the application process for these benefits can be daunting. This manual was created to guide you through that process. It will assist those who are unfamiliar with these application processes and offers step-by-step instructions for completing them. It will assist those of you who are already familiar with the application processes but need to know what can be done to expedite results. It is a 'win-win' for all involved, as taking these steps will ensure that adjudicators and benefits specialists at the local and state level will have the documentation and information necessary to make a determination.



Overview

This manual will:

- describe Medicaid and Social Security benefits
- provide step-by-step instructions on how to obtain and keep these benefits
- offer resources & a brief background on the history of Medicaid and Social Security benefits

These government websites provide specific & up-to-date information:

Medicaid: <http://ifs.ohio.gov/Ohp/>

Social Security: <http://ssa.us.gov>

Getting Started

Resist the temptation to skip straight to the instructions. You may save yourself and the person you are assisting a great deal of time by becoming familiar with the benefits these programs offer, as well as the eligibility criteria. Hang on, here we go!

What is Medicaid?

Medicaid is a medical insurance program that functions much like the insurance that many of us have through our place of employment. It does not pay money to the person who has it. Medicaid sends payments directly to health care providers for eligible services rendered to the person. Not all types of services are covered and not all health care providers accept Medicaid. For those receiving Medicaid, it is important to ask providers of services if they accept Medicaid *before* services are rendered. Otherwise, the person will probably be responsible for paying for those services.

Medicaid is funded by state and local monies and is administered by each state to its residents. The Ohio Department of Jobs and Family Services (ODJFS) is the administrator of Medicaid for Ohio. ODJFS is located in Columbus, Ohio and has local offices, the County Department of Jobs and Family Services (CDJFS), through which applications must be submitted. Applications can be submitted at any local CDJFS office. The zip code of the applicant's address will determine which CDJFS office will ultimately be assigned the application for review and forwarding to ODJFS.

What does Medicaid pay for?

- ◆ Mental Health
- ◆ Prescription Medications
- ◆ Hospital Care
- ◆ Medical Equipment & Supplies
- ◆ Vision Services
- ◆ Alcohol & Drug Rehabilitation
- ◆ Doctor Visits
- ◆ Home Care
- ◆ Laboratory & X rays
- ◆ Dental Care
- ◆ Long Term Care

Additional services may be paid for, as identified by ODJFS. And remember: not all providers of services accept Medicaid insurance. It is critical to find this out before services are provided!

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Social Security: <http://ssa.us.gov>

Medicaid Eligibility

Medicaid is available to individuals who:

- are 65 years of age and older, or who are blind or disabled at any age;
- earn less than \$589.00 each month, and have fewer than \$1500.00 in assets (2009 eligibility criteria). If living in a household with others, their income/assets may also be taken into consideration. Please refer to ODJFS for specific income criteria, to include criteria for 2010.



Check out the ODJFS Website to get critical information about **Medicaid Spend-Down** and **Medicaid Buy-In**. These are two programs that have been established for individuals who meet all but the income eligibility criteria for Medicaid. It may still be possible to receive medical benefits through one of these two programs!

- meet disability criteria, as determined by the Disability Determination Unit (DDU) branch of ODJFS. This criteria is automatically met for individuals who are receiving Social Security benefits due to a disability. Individuals who are not receiving Social Security benefits must demonstrate eligibility through diagnostic and treatment records.

In addition to offering insurance programs to eligible individuals with severe, mental disabilities, Medicaid offers insurance to eligible individuals who are: 18-21 years old (Healthy Start); low income families (Ohio Works First); children in foster care; individuals in nursing homes, individuals with acute illnesses; and Alien Emergency Medical Assistance. Check to see if the individual that you are assisting is eligible for benefits from any of these categories!

Because Medicaid is a needs-based benefit, anytime there is a change in income, assets or resources, or living arrangement, the individual receiving the benefit is obligated to report it to CDJFS as it may affect their eligibility.

How do I apply for Medicaid?

In order to apply for Medicaid a “Request for Cash, Food Stamp, and Medical Assistance” application must be completed and submitted to your local CDJFS. Please see the section ‘tips on completing necessary forms’ for specific information on how to complete this application. You will not need to complete all of the forms required in the full Medicaid application if you are pursuing Social Security benefits for an individual as a part of the Expedite SSI Process, which will then activate Medicaid. You will need to complete three forms, described later in this manual. You will need to write ‘ODMH Expedited SSI Process’ on the top right hand corner of the application.

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Social Security: <http://ssa.us.gov>

Memo to include with Medicaid application

In July 2009, ODJFS announced that eligibility workers are no longer required to develop or submit Disability Determination medical cases to the Disability Determination Unit for any applicant identified as a Mental Health Expedited SSI Process applicant. Because this change has been so recent, it is recommended that you print out and complete the memo at the end of this manual, indicating that your client is participating in this process. It is best if you print the memo out on agency letterhead and provide your name and contact information (phone and/or email address).

How long does Medicaid last?

Medicaid may last indefinitely but is dependent upon a process known as 'redetermination.' This process is just as important as the application process. For individuals who have been determined to be Medicaid eligible and who are NOT receiving Social Security for a disability, redetermination will occur six months from the initial eligibility date. For an individual who is receiving Social Security benefits for a disability, redetermination will occur once a year. A notice will be sent to the individual receiving Medicaid and, if one has been designated, their Authorized Representative (discussed later). Do not forget the redetermination date! If it is missed, the entire application process must be completed again!

The redetermination process is similar to the application process. The individual will be instructed to submit documentation reflecting any changes that have occurred to their resources and/or assets. This includes: documentation of Social Security benefits/other sources of income, savings/checking accounts, or other bank statements, income tax returns, pensions, annuities, unemployment compensation, worker's compensation, life insurance policies, burial contracts, and household receipts (lease, utilities, etc.). Check the ODJFS website for complete information. What is important to remember here is:



Don't forget the redetermination date!

Social Security Benefits

The Social Security Administration (SSA) offers monthly, cash benefits to eligible individuals challenged with a severe, mental disability through two programs: **Supplemental Security Income (SSI)** and **Social Security Disability Insurance (SSDI)**. An individual may be eligible for both SSI and SSDI. SSA also administers the federal program that one involuntarily pays into while working, in order to receive retirement benefits at a prescribed age.

For the purposes of this manual, completely disregard the SSA program that provides retirement benefits to individuals who have paid into this program while working. It is a separate program that many of us will not be familiarizing ourselves with until much further down the road!

It is not unusual for people to get confused about SSA programs! Read on!

What is SSI?

The SSI program is financed by general tax funds of the U.S. Treasury. This program was established to help the blind, disabled, and elderly who have little or no income, by providing them with a monthly check to pay for food, clothing, and shelter. Determination of SSI eligibility is based on:

- physical or mental disability, as determined by SSA adjudicators
- financial need: an individual must earn or receive less than \$940.00 a month and have assets/resources less than \$2000. (as demonstrated through savings account, checking account or other bank statements, pay stubs or income tax returns, proof of other income -pensions, annuities, unemployment, worker's compensation, life insurance policies, burial contracts and household receipts for lease, utilities, etc.) If living with or married to someone not receiving SSI benefits, the income, resources, and living arrangements of that person(s) will also be reviewed.

More about SSI...

Once an individual is determined to be eligible for SSI, their benefits will begin the month after the date that he/she signed the application. For example: If the individual signs the application on April 16, 2009, then their benefits will start on May 1, 2009.

All individuals who are determined to be eligible receive a cash benefit that is adjusted on an annual basis.

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Social Security: <http://ssa.us.gov>

Because SSI is a needs-based benefit, anytime there is a change in income, assets or resources, or living arrangement, the individual receiving the benefit is obligated to report it to Social Security. If a change is not reported, and the change results in the individual no longer being eligible for benefits, the individual will be responsible for repaying SSA the benefit amount they received after the change in their income, assets or resources. Confusing? Yes! Just remember: Anytime there is a change in income/resources or living arrangements, report it to Social Security!

If you lose SSI eligibility, you may lose Medicaid eligibility based on getting SSI benefits.

Once determined to be eligible for SSI benefits, an individual will receive written notification (on an annual basis) of their benefit amount. Typically, there is a cost-of-living increase allocated on an annual basis.

SSI Redetermination

SSA schedules formal redeterminations with individuals. These may happen anytime from one to six years following initial determination of eligibility or most recent redetermination. Redeterminations are either conducted by phone, in person, or by mail. The individual will be notified by mail regarding the type of redetermination process that will be conducted. The individual will be asked to bring the same types of documentation of resources/assets to the redetermination as was submitted for initial eligibility determination.

The individual has 30 days to respond to the letter. If they do not respond, or otherwise do not follow through on the directives in the letter, benefits may be stopped.

What is SSDI?

People who have a work history who then become disabled may be eligible for SSDI. SSDI is a disability insurance program that individuals pay into through their payroll taxes. To be eligible for SSDI an individual must:

- be less than 65 years of age and have worked five out of the ten past years (less if you are under 31!)
- have a physical or mental disability that prevents them from working for at least 12 months or that will cause them to die

The benefit amount is determined by the dollars you have paid into social security taxes. In general, the higher your earnings have been and the longer you have earned them, the higher your SSDI will be.

What is a Representative Payee?

A Representative Payee (Rep Payee) is an individual or organization that receives the actual SSA benefits for the person determined to be eligible (beneficiary) when that individual is unable to manage or direct the management of his/her money. If a person's disability makes it difficult for them to make decisions for themselves, Rep Payee may be assigned by the SSA. Rep Payees must use the funds for the current and foreseeable needs of the beneficiary and save any remaining funds for that individual's use. Rep Payees must provide SSA with an annual accounting of expenditures on behalf of the individual. SSA attempts to appoint the beneficiary with a Rep Payee that is either a family member, a friend, or an organization that has a program specifically designed to provide these services.

Social Security and Medicaid

As mentioned earlier, if an individual has been determined to have a disability by the Social Security Administration and they are receiving SSA benefits, that determination can be used by ODJFS to meet the disability criteria required for Medicaid. This will drastically decrease the time that it takes to determine Medicaid eligibility. It makes sense to pursue a determination through Social Security in an effort to expedite the Medicaid eligibility determination!

What is Medicare?

Medicare is a federal health insurance program that pays for certain health care services for people age 65 and older as well as individuals who are significantly disabled. Medicare can be extremely confusing and is not free. An individual may be determined to be eligible for assistance in paying their Medicare premium. Explore the ODJFS website for more information on Qualified Medicaid Beneficiaries!

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**Tips on how to
expedite the
determination process**

- Build rapport! As basic as this is, the importance of this is often forgotten when we get caught up in daily details. We understand the importance of engaging and maintaining positive relationships with individuals who are in need of our services. It is equally critical to develop positive, working relationships not only with our peers, but with our 'partners' at SSA and Medicaid. They share the frustrations that most mental health workers experience. They, too, are dealing with increased workloads, a reduced workforce, and no end in sight. Interacting with them in a respectful, understanding manner will go far. Inquiring about how their day is going will take you farther. You may be surprised at how much less stressful this process is when it feels like you are working toward a common goal!
- One person! It is best to have one person at the agency overseeing the application process for agency clients. It is highly recommended that this person have clinical experience, as this will be critical in accurately completing the applications and describing symptomology. This person becomes the primary contact for anyone involved in processing the application. Good organizational skills are a must! This minimizes confusion both inside and outside of the agency. It is also much easier for one person to develop the relationships necessary to expedite the process, and respond to any questions or concerns raised by adjudicators.
- Track the dates! Of every step of the process. This will assist you in identifying areas that need improvement. Examples of dates to capture:
 - Release of Information form's requested
 - Requested information returned
 - Request for copies of internal clinical records
 - Requested information returned
 - Submission of packet to local SSA office
 - All contact with SSA around application
 - Forwarding of SSA application to Columbus
 - Received by Columbus
 - All phone contact with SSA documented, to include name of person talked to, unsuccessful attempts where messages were left, etc. etc.
- You can develop a simple database in which to do this, or simply attach a lined sheet of paper on the inside of the file you are keeping the application papers in.

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- Stay organized!! Your worst enemy here is confusion around where the numerous forms for an application are. Get in the habit of creating a manila folder for each application and using it to file anything that you receive on behalf of that individual. This will be a tremendous help if you receive a call from SSA, needing clarification about something on the application.
- Keep a copy! Yes, keep a copy of the forms in the application that require a great deal of narrative. In the event the original is misplaced, you can easily replace it.
- Complete the forms completely! Do not skip any sections. If a question is not applicable, write 'not applicable'. In sections where you are able to provide narrative responses, give accurate, descriptive responses. Include examples of behaviors.
- Submit your paperwork at one time and let the SSA representative know that the entire packet is on its way. Make sure that you have the checklist, completed, on the front of the packet, with your name and contact information clearly identified.
- Ask! Don't be afraid to ask! If you have not heard from the liaison, don't be afraid to call and ask what the status of the application is, if there is any additional information you can provide or if there is any way you can further assist in the process.

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Social Security: <http://ssa.us.gov>



**Mandatory forms for SSA
Application**

The following forms must be submitted to SSA for an application to be considered to be complete. If a form is missing, or documented responses are insufficient or incomplete, you are adding time to the determination process. Double check your work!

- SSI application (SSA-8000)
- SSDI application (SSA-16)
- Authorization to disclose information (SSA-827)
- Appointment of Representative (SSA-1696)
- Work History Report (SSA-3369)
- Physician/medical officer's statement of patient's capability to manage benefits (SSA-787)
- Request to be selected as Payee (SSA-11)
- Advance notification of Representative Payment (SSA-4164)
- Disability Report-Completed Online (SSA-3368)
- Three additional forms were developed and piloted during the Expedited Pilot Project. They are not mandatory; however, including them in the application packet provided critical information and drastically decreased the time it took to receive a determination of eligibility. What is that phrase?

JUST DO IT!!

Take your time completing these forms with the individual. Be specific. Give examples where you can.

- Daily Activities of Living
- Mental Status Questionnaire
- SSI/SSDI Application process checklist

These government websites provide specific & up-to-date information:
Medicaid: <http://fs.ohio.gov/Ohp/>
Social Security: <http://ssa.us.gov>

This manual was created with community mental health agencies in mind. The term 'client' will be used to identify the individual for whom benefits are being applied for.

Before you get started...

Has the client already applied for SSI/SSDI?

Yes or Unsure: Contact your local SSA office to determine if there is a claim and if so, what the status is so that you know where to start in the application process.

No: Start the application process from the beginning. Get ready, get set, GO!



Tips on Completing Necessary Forms

As simple as some of these may seem, take the time to review your completed forms against these tips. Submitting an incomplete form will mean that the adjudicator must contact you. A small oversight can cause a big delay!

Keep in mind that the person at SSA (the adjudicator) making the decision about whether the client is eligible for benefits has never met that client! You are creating a picture of the client for the adjudicator to base his/her decision on. Document specifics about the client's behavior. Identify challenges that the client has experienced because of their disability. Give examples!

There is no such thing as providing too much information!

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Social Security: <http://ssa.us.gov>

Social Security Application Forms

the SSI Application

SSA-8000

- You will need all bank statements, titles to cars, life insurance policies, and any information regarding stocks and bonds to complete this application.
- Identify the Type of Claim you are assisting the client with. If it is a single client, place a checkmark in the box 'Individual'. If it is an client who is married to someone who is NOT eligible for SSA benefits, place a checkmark in the box 'Individual with Ineligible Spouse'.
- Answer all the questions that are on the application with the client.
- When the question states, "explain in remarks" it is asking for you to document a response in the Remarks Section on page 12. Write the question number in the Remarks Section on page 12 and then your response. Resist the temptation to be brief! Provide descriptions and examples that will help the adjudicator understand the extent of the disability and the impact on the client's life. Give details!
- The Remarks Section on page 12 can also be used to add information that you think will be useful to SSA. For example: If you must repeat each question five times for the client and they are still unable to respond to the question, then it would be important to describe this in the Remarks Section on page 12.
- The client needs to sign and date the application on page 13. Below the signature you must also provide the client's mailing address and residence address.
- IMPORTANT DETAIL: SSA identifies the application date as the date that the client signed this form, not the date that they receive it in their office. The application must be submitted within 60 days of the signing date. If approved for benefits, they would start the month following the signing date.

the SSDI application

SSA-16

- Answer all of the questions on the application.
- The Remarks Section on page 4 is where you can add any information that did not fit in the small spaces next to the question
- When adding remarks, enter the question number that you are responding to and then add your explanation.
- You can also use the Remarks Section on page 4 to add information that you think will be useful. For example: if the client appears to be a poor historian and unable to recollect information, that would be important to note in the Remarks Section on page 4.

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Social Security: <http://ssa.us.gov>

- The client needs to sign and date the application on page 5. Below the signature you must provide the client's mailing address.

Authorization to Disclose Information

SSA-827

- Review this form with the client and make sure that they understand that it allows SSA to obtain their medical records from all health care providers. Make sure that the client understands that this is protected health information that will only be used to determine eligibility for SSA benefits.
- Print the client's name, SSN, and birth date in the top right hand corner of the form.
- The client must sign and date the form on the bottom and include he/she's address. You, or someone else witnessing the client's signature, must sign the form where 'witness' is designated and provide your phone number.

the Appointment of Representative

SSA-1696

It is highly recommended that a Representative be appointed for clients with severe mental disabilities who are making application for benefits. Once appointed, the Representative is able to answer any questions about the application forms/information and to receive copies of SSA correspondence that is being sent to the client (especially critical when a redetermination has been scheduled). Generally it is easier for the SSA Adjudicator to contact the representative, and often it is the Representative who is best able to answer questions about the application.

The person who will be acting as the client's Representative must complete this form.

- Explain to the client that this form allows you to act as their representative in connection with their claim.
- Print the client's name and SSN at the top of the form.
- Part I: Print your name and address and sign and date the form.
- Part II: Print and sign your name. If you are NOT an attorney and are not the client's guardian, place a checkmark in the box that indicates 'I am not an attorney and I am ineligible to receive direct fee payment'.

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- Part III: If you are not collecting an agreed-upon fee from the client, provide the date and your signature in the 'Waiver of Fee' section. If you are collecting an agreed-upon fee from the client, leave this section blank.
- Part IV: If you are not receiving a direct payment on behalf of the client (guardian or parent for a minor child), provide the date and your signature in the 'Waiver of Direct Payment' section.
- Each copy of this form is labeled in the bottom right hand corner. The 'File Copy' and 'OHA Copy' of this form are to be mailed with the application
- The 'Claimant's Copy' is to be given to the client for their records.
- The 'Representative Copy' is for your records. Make sure that all documentation regarding this application is kept in the same place, preferably a file!

the Work History Report

SSA-3369

- Provides the client's name, SSN, and telephone contact info in Section 1 on page 1.
- Section 2 on page 1 is requesting information regarding work history. List all of the jobs that the client has held in the last 15 years before they became unable to work. If the client is unable to recall information regarding work history, note that in the Remarks Section on page 8.
- Pages 2-7 are to be used to provide more information on the jobs that were listed in Section 2 on page 1.
- The Remarks Section on page 8 is to be used if you need to provide additional information about work history. Use this section to explain why the jobs ended or how symptoms of mental illness interfered with the client's ability to keep the job. Check out these responses:

'John' reports that he quit the job because of his mental illness

OR

'John' states that he went to work but that he kept hearing voices telling him that his co-workers hated him and were going to kill him. He was insistent and tearful, stating that he could not return. He would be killed. John's boss reports that after 2 weeks on the job, John had grown increasingly agitated and would often be seen talking to himself, shaking his head and isolating himself from other workers. John would not respond to his boss's questions about what was wrong.

While both responses are accurate, the second response provides the detail necessary for the adjudicator to understand the impact of John's disability on his ability to maintain a job.

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- At the bottom of page 8 provide your name and contact information.

**Physician's/Medical Officer's Statement
of Patient's Capability to Manage Benefits**
SSA-787

- Discuss the client's illness, symptoms, and behavior with the psychiatrist at your agency. Specifically discuss the client's ability to manage their own money.
- If the psychiatrist determines that the client is able to manage their benefits, then the client will act as their own payee.
- If the psychiatrist determines that the extent of the client's disability will make it difficult for him/her to make good decisions about managing their money, the psychiatrist will complete this form, documenting a recommendation for the appointment of a Representative Payee.
- Print the client's name, birth date, SSN, and address on the front side of this form.
- The psychiatrist must complete and sign the other side of this form.

If the psychiatrist determines a Rep Payee is needed...

- It is important to explain this to the client. Managing someone's money is tricky under the best of circumstances. Money is important to all of us. The idea that someone else can make decisions about how your money will be spent is un-nerving. This process must be explained to the client, with assurances that monthly budgets will be created together, allowances provided, as well as consideration given to special requests.
- Discuss payee-ship with the client. Explain that they must choose an agency or client to manage their benefits.
- The client or agency must complete the "Request to be Selected as Payee" form.
- The client must sign the "Advance Notification of Representative Payment" form. This form allows the agency/client who was selected as payee to manage the client's benefits.

the Request to be Selected as Payee
SSA-11

- This form must be completed if your agency will be acting as the client's Rep Payee. The client does not need to sign this form.

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- Print the name of the agency in the section that states, “The name of the number holder.” Yes, that’s right, the ‘number holder’. This is where the agency name must be documented.
- The name and SSN of the client should be printed in the section that states, “The name of the person for whom you are filing.”
- Question 1: do NOT check this box. Checking this box indicates that the client will receive their benefits directly.
- Question 2: Document the reasons that the client is not able to handle their own benefits. This can be as simple as ‘This client has been diagnosed with a severe and persistent mental illness and has consistently demonstrated poor judgment.’
- Question 3: provide the reasons you believe you are best suited to be the client’s payee. If you work for an agency that provides Rep Payee services, simply document that your agency operates a program providing these services. If someone other than the agency is applying for payee-ship, then that client needs to complete this form and provide the reason(s) they are best suited to manage the benefits.
- Question 4: document how you will be aware of the client’s financial needs. Example: Agency staff meet with the client at least once a week to monitor behavioral and financial needs. Staff meet with client monthly to create and/or review financial budget.
- Question 5: indicate whether the client (claimant) has a guardian that has been appointed by the court system. If so, provide the guardian’s information in the areas designated.
- Complete Questions 6, 7, and 8, providing accurate information regarding the client.
- Question 9: If you are employed by an agency assuming Rep Payee responsibilities, place a checkmark in the box that best describes your agency. Community mental health agencies generally will check the box ‘Private non-profit’. If you check this box, you need to respond to Questions 10 and 11 and sign the form on Page 4. If you are not employed by an agency assuming Rep Payee responsibilities, place a checkmark in the box that best describes your relationship to the client (claimant). You must then skip Questions 10 and 11, and complete Questions 12 through 19, signing the form on Page 4.

Advance Notification of Representative Payment

SSA-4164

- This form allows the client/agency who completed the “Request to be Selected as Payee” form to manage the client’s benefits.

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 Medicaid: <http://fs.ohio.gov/Ohp/>
 Social Security: <http://ssa.us.gov>

- Print the client's name and SSN on the top of this form where indicated.
- Under 'Choice of Representative Payee' print the name of your agency (or client who is requesting that they be appointed payee).
- The client must sign and date this form on the bottom of the page in the space provided.

Daily Activities of Living Questionnaire

- Read each question to the client and document their response EVEN IF IT IS NOT CONSISTENT WITH what you have observed.
- You MUST record your observations and professional opinions on this document. Why? Check out this example to the question: Do you go grocery shopping on your own?

John's response: Yes, I do not need any help.

Your response: I have been taking John grocery shopping once a week for one year due to his severe paranoia. Despite repeated encouragement and attempts, he has not been successful in leaving his apartment to shop on his own.

You may discover that the client's perception of their abilities is much different than yours. It is critical that your documentation reflects this. It is equally important that you use examples, such as the one above, to illustrate to the adjudicator the extent of John's distorted thinking. If you need additional paper, use it. Simply write the question number before your response.

- The client needs to sign page 6.
- You complete Pages 7 and 8. Be sure to sign, date and provide your contact info on the bottom of page 8.
- Be sure to clearly print the client's name and SSN at the top of each page in case pages are accidentally separated.

the Mental Status Questionnaire

- Read each question to the client about the symptoms he/she is experiencing and document their response EVEN IF IT IS NOT CONSISTENT WITH what you have observed.
- Again, you MUST record your observations and professional opinions on this document. Why? Check out another example to the question: Do you experience auditory hallucinations?

These government websites provide specific & up-to-date information:

Medicaid: <http://ifs.ohio.gov/Ohp/>

Social Security: <http://ssa.us.gov>

John's response: No. I don't hear anything.

Your response: John has been talking to himself, muttering under his breath during the entire interview. He appears to be responding to internal stimuli, often times asking me to repeat the question.

- It is equally important to document past symptoms, whether they support your current observations or not.

John does not appear to be experiencing any paranoia at this time, however he has a long history of paranoid delusions.

OR

John's behavior (which you have described earlier) during this interview is consistent with his long history of paranoid delusions.

- This form does not need to be signed by the client. If you are not submitting any other medical evidence from the psychiatrist (MD notes), then this form must also be signed by the psychiatrist. If you submit MD notes with the packet, then it is not necessary for the psychiatrist to sign this questionnaire.

Statement of Claimant

- The purpose of the Statement of Claimant is to determine if the client has any current warrants for their arrest. This is important because a client who has a warrant is not eligible to receive Social Security benefits.
- If you know that the client has warrants for his/her arrest, you need to inform the client that they are not eligible for Social Security benefits until the warrant has been satisfied. The warrant can only be satisfied through the court system.
- Print the client's name and SSN at the top of this form where indicated.
- Answer all the questions on this form with the client.
- The client needs to sign and date this form at the bottom and include their address and telephone contact information.

Disability Report

SSA prefers that this report be completed online at the website:

www.socialsecurity.gov/i3368pro

- In the address section, it is imperative that you put the name of your client, the name of your agency followed by "homeless pilot," and your agency's address. It is critical that you provide the agency address rather than the client's address so that this

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Social Security: <http://ssa.us.gov>

disability report can be routed to your local SSA office. It is also critical that you label the report with "homeless pilot" as this is how SSA will determine that you are submitting an Expedited Application. Like this...

John R. Smith
MHS, Inc-Homeless Pilot
1234 Main St
Cleveland, Oh 44114

- Answer all of the questions on the report.
- If you must quit before the report is finished, a re-entry code is provided. You can use this re-entry code when you return to the report at a later time.
- The Disability Report should be completed when you are ready to submit the entire packet. If you complete this form before the entire packet is ready for submission it can create confusion regarding the filing date of the application. Play it safe: complete the Disability Report on the same date that you put the application forms in the mail!

Obtaining documentation of the client's mental illness?

- Sit down with the client and create a list of all of the service providers, agencies, and hospitals that have provided him/her with mental health treatment.
- Review any documentation that you may already have for references of service providers, agencies, and hospitals which may have provided services in the past.
- If you already have a Release of Information (ROI) to talk with the client's significant other(s), or if the client has a guardian, ask them who else has provided the client with mental health services/treatment.
- Complete Releases of Information (ROI) with the client, identifying all agencies, hospitals and individual providers that have provided mental health treatment.
- Contact the individual provider, agencies and hospitals and ask who the ROI should be directed to. Fax or mail ROI's. (Keep your fax receipt or make note of the date, time and number to which the ROI's were faxed.)
 - Contact each person or agency by phone within one week of faxing/mailing to ensure that they have received your request for information. If they have not, confirm the number that you sent the request to. The ROI may be at their agency, but sitting on someone else's desk. Offer to resend it. Ask if there is a better number to send it to.
 - If you have not received the requested information within a week, call back and ask if there is anything that you can do to assist in the process. Be friendly. But let them know that you are going to be checking in with them regularly until you receive the information.

These government websites provide specific & up-to-date information:

Medicaid: <http://ifs.ohio.gov/Ohp/>

Social Security: <http://ssa.us.gov>

- Once you receive the documentation from the mental health care provider include it in your packet to SSA.

- Review your agency's chart on the client. Make copies of:
 - Case management notes
 - Psychiatric and nursing notes
 - All Mental Health Assessments (Diagnostic Assessments)
 - Any other information that indicates diagnosis or provides information about the client's impairment in functioning or judgment

These government websites provide specific & up-to-date information:
Medicaid: <http://fs.ohio.gov/Ohp/>
Social Security: <http://ssa.us.gov>

Medicaid Application Forms

Authorized Representative Designation

Just as it is ideal to have an Authorized Representative for SSA claims, it is also important to have an Authorized Representative for Medicaid. They are two separate documents and you must complete both to have access to information from SSA and ODJFS. This will enable you to respond to any questions on behalf of the client or submit any information regarding the claim to CDJFS. To be designated as the Authorized Representative, complete this form as follows:

- Print the client's name and date as the top of this form
- In the next section print the name of the individual who will be acting as the client's Authorized Rep.
- The client must sign and date this form where it states 'Signature of Applicant/Recipient.' The client should also provide their address and telephone contact information in the space provided.
- The next section reads 'For Agency Use.' This section is to be completed by CDJFS. Do NOT complete this section.
- This form is to be submitted to your local CDJFS office (along with the 'Request for Cash, Food Stamp, and Medical Assistance') upon its completion.

Request for Cash, Food Stamp, and Medical Assistance

JFS 07200

- On the top right corner of the application, print clearly 'Mental Health Expedited SSI Process'. This will identify the Medicaid application as one that does not require the disability documentation typically required. Your completed Medicaid packet will contain this form, the Authorized Representative form and the Retroactive form.
- Section 1: Print the client's first and last name and answer the question regarding whether or not the client or anyone living with them has ever received cash, food stamps or medical assistance.
- Section 2: Print the client's address and telephone contact information. If the client does not have a telephone, write 'No telephone' in this section.
- Section 3: The Authorized Representative must provide their name, address, and telephone number. If there is no Authorized Rep, leave this section blank. (Consider this STRONG encouragement to act as the Authorized Rep for the client!)
- Section 4: The client or Authorized Rep must provide a signature, their printed name and date in the space provided.

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Medicaid: <http://jfs.ohio.gov/Ohp/>

Social Security: <http://ssa.us.gov>

- Section 5: Answer all the questions by placing a checkmark in the appropriate boxes.
- Section 6: List the name, relationship, SSN, birth date, sex, and race of all persons who live with the client even if they are not applying for assistance. Complete the rest of the questions in this section by placing a checkmark in the appropriate box.
- Section 7: Provide financial information about the client and anyone else living with the client. If the client is in an emergency shelter, simply complete this section on behalf of the client. You must document information about any income or assets that the client has.
- Section 8: Document all monthly expenses that the client incurs. Indicate the type of expense(s) by placing a checkmark in the appropriate box describing the expense. For each box checked, provide an estimation of the monthly amount that the client pays toward that expense.
- Section 9: The client OR Authorized Representative must sign and date in the space provided. It is NOT necessary that the client and authorized representative sign the form.
- This application is to be submitted to your local CDJFS office upon completion.

Retroactive Medicaid Coverage Application

JFS 07110

If approved, Medicaid will be automatically be activated back to the date that the client signed the “Request for Cash, Food Stamps, and Medical Assistance.” By completing the Retroactive Medicaid Coverage application, it may be possible to activate Medicaid coverage up to 90 days prior to the date the client signed the ‘Request for Cash, Food Stamps, and Medical Assistance’ application. In other words, your agency may get paid for services rendered during that 90 days period! Here’s how to complete that form:

- Section A: Print the client’s address and answer the question regarding whether or not the client has lived at this address for the last three months. If the answer is no, indicate that in the checkmark and provide the address in which the client has lived for the last three months in the space provided.
- Section B: The first question is inquiring about the people who live with the client. If the same people live with the client as indicated on the original Medicaid application then check the box marked ‘yes’. If different persons are living with the client, then you must check the box ‘no’ and list the names of the persons now living with the client in the space provided.

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Medicaid: <http://fs.ohio.gov/Ohp/>

Social Security: <http://ssa.us.gov>

- Section C: Place a checkmark in the box labeled 'yes' if the client's income has remained the same since the initial Medicaid application was completed. If the client's income is NOT the same as it was on the initial Medicaid application check the box labeled, 'no.'
- Section D: If the client has had any type of income in the last three months indicate that in the spaces provided in this section.
- Section E: List the client's name, who provided medical service (your agency), dates those services were rendered, the payment amount, and balance due to the agency in this section.

The client OR the authorized representative must sign and date this form on page 2 in the space provided.

**Social
Checklist**

How do I submit
the completed packet?

Security

- Compile your packet according to the SSI checklist. Place your checklist on top of the packet. Print clearly 'Mental Health Expedited SSI Process Statewide Expansion Pilot' on the top of the checklist. You will have already written 'Mental Health Expedited SSI Process' on the actual SSI application.
- **REVIEW! REVIEW! REVIEW!**
Review every form to ensure that there are no places where information is missing!
- Mail the packet to your contact person at the local SSA office.
- Email your contact person at the local SSA office to inform them that a packet has been submitted.
- Five days after mailing the application, call or email your contact person to verify receipt of the packet.
- Contact the local SSA office once a week to verify status until you have been told that the packet has been submitted to BDD (Bureau of Disability Determination) in Columbus.

These government websites provide specific & up-to-date information:

Medicaid: <http://ifs.ohio.gov/Ohp/>

Social Security: <http://ssa.us.gov>

- Once packet has been submitted to BDD, contact them to verify receipt of the packet.
- Contact the appointed adjudicator at BDD once a week to follow up on the status of the claim.



What do I do once my client is approved for SSI/SSDI?

Once the client is approved for SSI/SSDI, submit a copy of the approval letter to the local ODJFS office so that Medicaid can be activated.

Remember

The Medicaid application must be submitted to ODJFS within **45 days** of being signed by claimant

The SSI/SSDI application must be submitted to SSA within **60 days** of being signed by claimant

These government websites provide specific & up-to-date information:
Medicaid: <http://fs.ohio.gov/Ohp/>
Social Security: <http://ssa.us.gov>

For Your Reference...

Brief History of the Medicaid Program

- 1965: Medicaid was enacted to provide health care services to low income children deprived of parental support, their caretaker relatives, the elderly, the blind, and individuals with disabilities.
- 1972: Supplemental Security Income (SSI) was enacted which was linked directly to Medicaid.**
- 1986: Medicaid coverage for pregnant women and infants whose family income was at or below 100 percent of the poverty level was established.
- 1988: Rule was established that institutionalized persons whose spouse remained in the community should be covered under Medicaid.
- 1996: The Aid to Families and Children entitlement program was replaced by Temporary Assistance for Needy Families (TANF) block grant. **The welfare link to Medicaid was severed and enrollment of Medicaid was no longer automatic with the receipt of welfare cash assistance.**

Acronyms

- BDD: Bureau of Disability Determination
- CDJFS: County Department of Job and Family Services
- DDU: Disability Determination Unit
- ODJFS: Ohio Department of Job and Family Services
- ODMH: Ohio Department of Mental Health
- ROI: Release of Information
- SSA: Social Security Administration
- SSDI: Social Security Disability Insurance
- SSI: Supplemental Security Income
- SSN: Social Security Number

These government websites provide specific & up-to-date information:

Medicaid: <http://ifs.ohio.gov/Ohp/>

Social Security: <http://ssa.us.gov>

Who do I call for help?

Darlynn Nero
Social Security Administration
Bureau of Disability Determination
1.800.282.2696 x 1709
Darlynn.Nero@ssa.gov

Fatimata Kamara
Social Security Administration
Bureau of Disability Determination
1.800.672.5259 x 1839
Fatimata.Kamara@ssa.gov

Rick Tully
Ohio Department of Mental Health
1.614.728.9784
TullyR@mh.state.oh.us

Lynne Lyon
Ohio Department of Mental Health
1.614.466.9972

John LaMotte
Social Security Administration
1.614.469.5567

These government websites provide specific & up-to-date information:
Medicaid: <http://fs.ohio.gov/Ohp/>
Social Security: <http://ssa.us.gov>

To: ODJFS Case Worker

FROM:

DATE:

Re: ODMH SSI Expedited Process

Please be advised that this application is for an individual who is participating in the Ohio Department of Mental Health's SSI Expedited Application Process. As such, ODJFS has waived the requirement for disability determination packets.

If you have not yet been advised of this change, the ODJFS announcement has been posted as a CLVB in the CRISE system. If you have questions, please contact the Medicaid Eligibility TA mailbox in Groupwise.

Thank you.