

ALASKA ADULT PUBLIC ASSISTANCE MANUAL

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425 BLINDNESS/DISABILITY

If a person is not at least age 65, he or she must be blind or disabled to be eligible for Adult Public Assistance. This chapter explains the blindness and disability requirements of the APA program.

425-1 DEFINITION OF BLINDNESS/DISABILITY

For APA purposes, a blind or disabled individual must meet the following definitions of blindness or disability:

1. **Blindness**

A person is blind if his or her vision, with the use of a correcting lens, is 20/200 or less in the better eye. A person who has tunnel vision of 20 degrees or less in the better eye is also considered blind.

2. **Disability**

A person is disabled if he or she is unable to engage in any substantial gainful activity (SGA) because of a medically determinable physical or mental impairment other than drug or alcohol addiction. This impairment must have lasted, or be expected to last, for a continuous period of at least 12 months, or be expected to end in death.

“Substantial gainful activity (SGA)” means that the individual’s own average monthly earned income is at least the amount shown in Addendum 1. This amount changes every year. When making an SGA determination, impairment related work expenses (IRWE) and the amount of subsidized earning provided by an employer must be subtracted from the individual’s earned income. No other deductions are allowed.

“Subsidized earnings” means the amount of earned income an individual receives that exceeds the value of the work performed. If a case worker believes that an individual may be receiving subsidized earnings, the amount of the subsidized earning must be verified by the employer.

Refer to manual section 442-2G for policy on impairment related work expenses. Refer to section 425-2D for more information about SGA determinations.

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3. Grandfathered individuals

Persons who received Aid to the Permanently Disabled or Aid to the Blind in December, 1973, and who have received benefits continuously since then, are blind or disabled if they still meet the definition of blindness or disability that was in effect in December, 1973.

425-2 WHO DETERMINES DISABILITY/BLINDNESS

A. TEMPORARY DISABILITY OR BLINDNESS DECISIONS

A proper medical provider can provide a temporary decision on an individual's blindness or disability. A proper medical provider for a disability decision is a physician or psychiatrist. A proper medical provider for a blindness decision is a physician skilled in diseases of the eye or an optometrist. A temporary blindness or disability decision does not allow the authorization of full APA and Medicaid benefits. Instead, it serves as an indication that the individual is blind or disabled for the purposes of qualifying for Interim Assistance (IA) benefits until a final blindness or disability decision is made.

The medical provider must provide a temporary blindness or disability decision to the Division on the state form AB #3, "Report of Eye Examination" for blindness, or on an AD #2 form for disability. The Division will not accept temporary blindness or disability decisions unless they are provided on one of these forms.

B. PRESUMPTIVE DISABILITY DECISIONS

The SSI program may make presumptive disability payments to SSI applicants before they make a final blindness or disability decision. To be eligible for presumptive disability payments, the individuals must have claimed impairments that are so severe that there is little doubt that Social Security Administration will finally decide they are blind or disabled.

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SSI presumptive disability payments are made for no more than six calendar months. Recipients of such payments are considered SSI recipients in all respects. The APA program considers these persons to be blind or disabled during the same period that the person is eligible for SSI payments. The case worker shall authorize full APA and Medicaid benefits during an SSI presumptive disability period if the individual meets all other factors of APA eligibility.

The case worker must check the status of the SSI case before the end of the six-month period. If the SSI presumptive disability payments will not continue, and eligibility for regular SSI payments has not yet been determined, the case worker must close the APA and Medicaid case. The case worker must open an Interim Assistance case if the individual is eligible for such assistance. Regular APA and Medicaid benefits are not available again until SSI determines eligibility for regular SSI benefits. If the individual is finally determined eligible for regular SSI benefits, APA and Medicaid benefits are authorized retroactive to the month that SSI benefits were resumed.

C. SSA BLINDNESS OR DISABILITY DECISIONS

The Social Security Administration makes the disability decision for most APA applicants and recipients. A finding of blindness or disability allows the authorization of APA and Medicaid benefits if the individual meets all other factors of eligibility for the APA program. A finding of no blindness or disability results in denial of APA and Medicaid benefits, and if applicable, in termination of Interim Assistance benefits. The case worker may pend an individual's application for APA and Medicaid benefits only until SSA's initial blindness or disability finding.

Applicants may appeal the SSA decision.

- If the appeal results in a finding of blindness or disability, reevaluate eligibility for regular APA and Medicaid benefits back to the month of APA application. To determine the benefit start dates for APA and Medicaid, refer to manual section 410-11.
- If the appeal results in a finding of no blindness or disability, eligibility for APA and Medicaid does not exist.

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If, after a finding of no blindness or disability, an Interim Assistance recipient enters or reenters the SSI appeal process the individual may continue to receive Interim Assistance benefits until a final disability decision is made. If the appeal process results in a final finding of blindness or disability, eligibility for regular APA and Medicaid benefits will be reevaluated. To determine the benefit start dates for APA and Medicaid, refer to manual section 410-11.

D. STATE-ONLY BLINDNESS OR DISABILITY DECISIONS

Social Security will not decide an individual's blindness or disability if the individual is ineligible for SSI or SSA benefits because of other reasons not related to the individual's blindness or disability. In such situations, the State must make the blindness or disability decision; the Disability Determination Service (DDS) of the Division of Vocational Rehabilitation, Alaska Department of Labor and Workforce Development, is the agency that makes blindness or disability decisions for the State.

A finding of blindness or disability allows the authorization of APA and Medicaid benefits if the individual meets all other factors of eligibility for the APA program. A finding of no blindness or disability results in a denial of APA and Medicaid benefits. An individual may appeal a state-only DDS decision through the state's fair hearing process.

Substantial Gainful Activity. The DDS is only responsible for making state-only disability determinations based on medical evidence; it does not determine disability based on whether or not an individual is engaging in substantial gainful activity (SGA). If an individual (who is subject to a state-only disability determination) appears to be engaging in SGA, the case worker will need to make an SGA determination based on the criteria described in MS 425-1(2). If the case worker determines that the individual is engaged in substantial gainful activity, APA eligibility must be denied or terminated.

Note: SGA determinations by DPA case workers are only necessary for state-only disability determinations. The Social Security Administration is responsible for all other SGA decisions.

**425-3 PROCEDURES FOR INITIAL BLINDNESS OR
DISABILITY DECISIONS**

**A. BLIND OR DISABLED APPLICANTS WHO HAVE BEEN
FOUND ELIGIBLE FOR SSA, AND DO NOT APPEAR
ELIGIBLE FOR SSI**

SSA disability requirements are the same as the disability requirements for the SSI and APA programs. Persons who have been determined eligible to receive SSA disability benefits also meet the blind or disabled criteria for APA. SSA usually requires a five-month waiting period from the date that they determine the disability began before they begin to pay disability benefits. Persons who are eligible for SSA disability include individuals who are serving their five-month waiting period. Persons who are eligible for SSA disability who do not appear income eligible for SSI are not required to apply for SSI.

The case worker must verify that eligibility for SSA disability exists. APA benefits are then authorized if the individual meets all other factors of eligibility for the APA program.

**B. BLIND OR DISABLED APPLICANTS WHO APPEAR
ELIGIBLE FOR SSI**

Individuals in this category include persons who appear eligible for SSI benefits as well as persons who may be eligible for both SSA Disability benefits and for SSI benefits.

Applicants in this category are not eligible for APA or Medicaid benefits while awaiting an SSI eligibility decision, but may be eligible for Interim Assistance. To receive Interim Assistance benefits, these applicants must meet the eligibility requirements described in manual section 426-2.

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C. BLIND OR DISABLED APPLICANTS WHO DO NOT APPEAR ELIGIBLE FOR SSI AND HAVE NOT BEEN DETERMINED ELIGIBLE FOR SSA DISABILITY

Applicants in this category include persons who do not appear eligible for SSI and who have applied for and are waiting for an SSA disability determination. It also includes individuals who do not appear eligible for SSI and have previously been determined ineligible for SSA disability for a reason other than lack of blindness or disability.

These applicants are not eligible for Interim Assistance because they are not financially eligible for SSI. (See section 426-2B.) They must meet all APA eligibility requirements except for a finding of blindness or disability. The blindness or disability is determined by the DDS. The APA/Medicaid application must be pending for a DDS determination.

As a condition of eligibility, each applicant in this category must provide all of the following completed forms:

1. APA #4, "Disability and Vocational Report"
2. Med #2, "Medical Release of Information".

Once the applicant provides the required forms, follow the procedures listed below:

1. Document the receipt of the APA #4 and Med #2 in the case file and complete the agency portion of the APA #4.
2. Immediately mail all forms, along with a completed form Gen 141, Referral for Disability Determination, and any other related medical/social/work history materials, to:

Disability Determination Services
Attn: DPA Adjudicator
619 East Ship Creek, Suite 305
Anchorage, AK 99501

The district office will maintain a log of all disability determination requests it sends to the DDS.

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3. The DDS, under an agreement with the Division of Public Assistance, will issue a decision: blind/disabled, not blind/disabled, or failed to cooperate.
4. The DDS will send its decision back to the district office. The district office will log the DDS decision and forward it to the case worker.
5. The case worker will promptly:
 - (a) Approve the application and authorize full APA and Medicaid benefits if the DDS has decided the individual is blind or disabled, and the individual meets all other eligibility factors of the APA program. To determine the benefit start dates for APA and Medicaid, refer to manual section 410-11; or
 - (b) Deny the application if the DDS has decided the individual is not blind or disabled; or
 - (c) Deny the application if the individual has failed to cooperate with the DDS in the process of determining blindness or disability; or
 - (d) Deny the application if the individual is not eligible for APA for any other reason.

425-4 REVIEW OF BLINDNESS OR DISABILITY DECISIONS

A. SSA AND SSI DETERMINATIONS

The Social Security Administration periodically reviews blindness or disability decisions that allow the payment of SSA disability or SSI benefits. Review of SSA or SSI blindness or disability decisions is not necessary for APA purposes. If DPA receives information indicating that SSA or SSI disability payments have been terminated because Social Security has found that blindness or disability no longer exists, APA benefits shall be terminated.

B. DDS DETERMINATIONS

State-only decisions are subject to periodic review by the state. The DDS is the agency responsible for conducting these blindness and disability reviews. The frequency of state-only blindness or disability reviews is set by the DDS.

The DDS does not retain any of the material that they used to initially determine an individual's blindness or disability. Instead, they send the material to the DPA District Office that serves the individual. The District Office must keep all such material with the individual's case file and resubmit it along with newly completed APA #4 and Med #2 forms to the DDS at the time of the individual's periodic review. Because of this, any material that the DDS sends to the DPA District Office must never be archived. The DDS must be informed in the transmittal document that these materials are being submitted for a continuing disability review, since the DDS uses different criteria for disability review determinations than for initial disability determinations.

C. CHANGE IN SSA OR SSI STATUS

An APA recipient may sometimes become ineligible for Social Security Disability or SSI benefits. If an APA recipient is no longer eligible for SSI or SSA disability for a reason other than a finding that blindness or disability no longer exists, continued eligibility for APA may exist. If the individual is otherwise eligible, the case worker must continue APA benefits and refer the client's case to the DDS for a new blindness or disability decision. This is necessary because SSA will no longer review the individual's disability determination, and there will be no eligibility for SSI or SSA disability to form a basis for APA disability.

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SSI recipients who become ineligible for an SSI payment because of excess income are put into SSI nonpay status. Do not confuse nonpay status with the actual closure of an individual's SSI case. It is not necessary to refer these individuals to the DDS unless the individual's SSI claim is actually closed.

425-5 **OTHER BLINDNESS/DISABILITY PROVISIONS**

A. PRESCRIBED TREATMENT REQUIREMENT

Blind or disabled individuals who can receive treatment to eliminate their impairments are not eligible for assistance if they fail, without good cause, to follow a prescribed treatment plan. The Social Security Administration or the DDS are the agencies that determine if a blind or disabled individual has not pursued treatment which will eliminate his or her impairment. If the case worker is informed by the Social Security Administration or the DDS that the client has failed, without good cause, to pursue treatment as required, the APA case must be closed.

B. REFERRAL FOR VOCATIONAL REHABILITATION OR DRUG OR ALCOHOL TREATMENT

State regulations require the State to refer certain persons for vocational rehabilitation services or to drug or alcohol treatment if it might correct their impairment. In Alaska, SSI does not currently refer any persons for vocational rehabilitation services or to drug or alcohol treatment. The State may not be more restrictive than SSI. Therefore, the case worker may make a referral to treatment, but not require the client to pursue it. If SSI begins mandatory referrals in the future, the State will adopt a similar policy.

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