

# Disability Determinations for Public Assistance and Health Care

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In order to qualify as disabled for federal and state cash assistance and health care programs, an individual must receive a disability determination by the U.S. Social Security Administration (SSA) or a State Medical Review Team (SMRT). The SMRT uses the same criteria for disability and blindness as the SSA but disregards income. The processes described below apply to disability determinations for Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), Medical Assistance (MA), and Minnesota Supplemental Assistance (MSA).

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## **Who is considered disabled in the federal process?**

Under the SSA definition of disability, an adult is considered disabled if he or she is unable to engage in any substantial gainful activity due to a medically determinable physical or mental impairment that is expected to result in death or to last continually for at least 12 months. An adult who is earning more than a certain monthly amount (\$2,590 per month for blind individuals and \$1,550 per month for nonblind disabled individuals in 2024) is considered to be engaging in substantial gainful activity.

A child under age 18 is considered by the SSA to be disabled if he or she has a medically determinable physical or mental impairment or combination of impairments, which results in marked and severe functional limitations, that is expected to result in death or to last continually for at least 12 months.

## **What factors are considered in the determination process?**

Disability applications made to the SSA are processed through local Social Security field offices and state agencies responsible for evaluating disability claims (in Minnesota, this is the Department of Employment and Economic Development). The disability evaluation is completed under a procedure called the “sequential evaluation process.” For adults, this process requires sequential review of the claimant’s current work activity, the severity of his or her impairments, a determination of whether his or her impairments meet or medically equal SSA impairment listings, the claimant’s residual functional capacity, his or her past work, and his or her age, education, and work experience. For children applying for SSI, the process requires sequential review of the child’s current work activity (if any), the severity of his or her impairments, and an assessment of whether his or her impairments result in marked and severe functional limitations. The evaluation stops if a person is found disabled or not disabled at any point in the process.

Once an individual has been found to be disabled, the local Social Security field office is responsible for verifying nonmedical eligibility requirements for the federal SSDI and SSI programs, which may include age, employment, marital status, citizenship/residency, and Social Security coverage information.

## **What is the process for proving a disability?**

Each individual who files a disability claim is responsible for providing medical evidence showing that he or she has an impairment and the severity of the impairment. The SSA, with the claimant’s permission,

will help the claimant obtain his or her medical reports. The SSA has a Listing of Impairments that describes impairments severe enough to prevent an individual from engaging in any gainful activity. The SSA also has a list of compassionate allowances that quickly identify diseases and other medical conditions that invariably qualify under the Listing of Impairments.

If an individual disagrees with an initial determination, the individual can appeal the determination to the SSA.

For individuals found to be disabled by the SSA, the disability determination must be reviewed periodically (once every one to seven years).

## **What is the state process for determining disability?**

In addition to the federal SSA process, there is an alternative state-level process for receiving a disability determination. However, most individuals applying for a disability determination through the state-level process should also be applying through the federal SSA process.

The SMRT is a unit at the state Department of Human Services (DHS) that determines disability in consultation with medical professionals. The SMRT reviews an individual's medical and social history to determine that individual's disability within the scope of SSA regulations ([Minn. Rules 9505.0015](#), subp. 45). The primary function of the SMRT is certifying disability for people who are applying for, or appealing the denial of, SSA disability benefits so that they may qualify for MA if they have no other basis of eligibility. The SMRT disability determination process is intended to be quicker than the SSA process. However, individuals found to be disabled under either process must then meet all other program requirements in order to receive benefits through the relevant programs.

## **How do people prove they have a disability for the state process?**

Each individual who files a state disability application must provide medical evidence showing that he or she has an impairment and the severity of the impairment. Applications are initially processed by the county where the applicant resides. Counties and Tribes are responsible for helping applicants to obtain the necessary medical evidence. If an applicant does not have the necessary medical evidence, DHS will pay for any necessary medical evaluations if there is no other coverage. The county or Tribe must then send all medical evidence to DHS to review for completeness. If an application is not complete, DHS must seek additional information from medical providers and the applicant to support the determination of disability where necessary ([Minn. Stat. § 256.01](#), subd. 29). Once the application is complete, it is referred to the SMRT medical review agent for review and determination.

For individuals found to be disabled, SMRT disability determinations must be reviewed periodically (once every one to seven years). In fiscal year 2023, the SMRT received 7,803 referrals and the average length of time from referral to a decision was 71 days.

If an individual's disability application is denied by the SMRT, the individual can appeal that decision through the DHS fair hearing process.



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