Medical Documentation Guide for Members

Disability Review

A person who is disabled may be eligible for Medicaid in Nebraska based on their circumstances.

Nebraska Medicaid also has services available to allow individuals to remain in their homes or communities. These services are often called “waiver” services. Waiver services may be provided to individuals who meet specific criteria.

For purposes of Nebraska Medicaid, disabled is defined as meeting the disability criteria established by the Social Security Administration. Sometimes the Social Security Administration (SSA) will make this determination. If SSA has not made a determination, the State Review Team (SRT) can. The SRT uses the same criteria as the SSA to determine if a person is disabled.

An individual’s disability status has to be re-reviewed regularly. Nebraska Medicaid will let you know when it is time to re-review your case.

Your responsibility in the disability determination process is to:

(1) Visit your healthcare provider (MD, DO, APRN, CNP, or PA) who best knows your disability.

(2) At your visit, ask your healthcare provider to fill out the DM-5 form, which tells Nebraska Medicaid about your disability

(3) Ask your healthcare provider to send the completed DM-5 form to Nebraska Medicaid, along with medical records from the last 12 months to support your disability

(4) Ensure the DM-5 form and supporting medical records are submitted by the deadline in the Verification Request

NOTE: If the above requested information is not provided, the SRT cannot review the case.

The SRT will not examine you. The SRT will review the completed DM-5 form and the supporting medical records provided to Nebraska Medicaid by your healthcare providers. Based on this information, the SRT will determine if you meet the disability criteria.

Nebraska Medicaid will send you a written notice informing you of the decision. This notice will include information about your appeal rights.