

**MCS 005.027 Disability Information (DISB)**

**A. INTRODUCTION**

This section explains the procedures for Disability Information (DISB). DISB collects NH disability claim information.

**B. DISB SCREEN**

The DISB screen collects information about the NH's

- disabling condition
- earnings after onset
- blind status
- child care years
- permission to release medical information
- one-half support of parent
- status of filing for other benefits

The DISB screen does not replace forms

- SSA-821-F4
- SSA-827
- SSA-3368-F8
- SSA-3369-F6

Continue to complete these forms to record NH information required by POMS.

**C. FACSIMILE: DISB - DISABILITY INFORMATION**

TRANSFER TO: XXXX      DISABILITY INFORMATION                      DISB  
 NH SSSSSSSSS    SSSSS SSSSSSSSSSS    CL SSSSSSSSS    SSSSS SSSSSSSSSSS

[1-M]

DISABLING

CONDITION:XX  
XXXXXXXXXXXX

[2-M]

[3-C]

STILL DISABLED (Y/N): X IF NO, DATE DISABILITY ENDED (MMYY): 9999

[4-M]

[5-M]

BLIND (Y/N): X FREEZE (Y/N): X

[6-M]

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION (Y/N): X

[7-M]

FILED OR INTEND TO FILE FOR: 9 9 9 1. VA 2. WC/Public disability Benefits  
3. NOT FILING

[8-M]

[9-C]

DISABILITY WORK RELATED (Y/N):X REASON NOT FILING:  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

[10-M]

[11-C]

MONEY FROM EMPLOYER AFTER ONSET DATE (Y/N): X AMOUNT: 99999999

[12-C]

TYPE: XXX

[13-M]

[14-C]

ADDITIONAL MONEY EXPECTED FROM EMPLOYER (Y/N): X AMOUNT: 99999999

[15-C]

TYPE: XXX

[16-M]

[17-C]

NUMBER OF CHILD CARE YRS: 9 ACTUAL CHILD CARE YRS: 99 99 99 99 99 99

IF PARENT RECEIVED 1/2 SUPPORT AT TIME OF ONSET OF DISABILITY COMPLETE

[18-C]

NAME: XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXX

[19-C]

ADDRESS:

XX  
XXXXXX

[20-C]

NAME: XXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXX

[21-C]

ADDRESS:

XX  
XXXXXX

FILED OR INTEND TO FILE FOR OTHER DISABILITY (Y/N): S

SPECIFY:SSSSSSSSSSSSSS

D. HOW YOU GOT HERE

This screen is automatically displayed for disability claims when the CL is the NH.

Note: The questions on this screen never pertain to a non-claimant or a CL who is not a NH.

E. PROPAGATED FIELDS

Data may be propagated to the Disabling Condition field from the Integrated Client Data Base. If propagated, data may be over keyed.

MCS may display the following additional fields on the bottom of Disability Information (DISB) when the NH filed a claim in an earlier phase of MCS. These fields are for informational purposes only.

- FILED OR INTEND TO FILE FOR OTHER DISABILITY (Y/N)
- SPECIFY

F. FIELD DESCRIPTIONS

[1-M]        DISABLING CONDITION: XX[UP TO 57 CHARACTERS]XX

Enter a description of the illness or injury if known.

Enter a "?" if unknown.

[2-M]        STILL DISABLED (Y/N): X

Enter "Y" if the NH is still disabled.

Enter "N" if the NH is not still disabled.

Enter "?" if unknown.

[3-C] IF NO, DATE DISABILITY ENDED (MMYY): 9999

If the NH is no longer disabled, enter the exact date disability ended. Use MMY Y format. If only the year disability ended is known, enter in 00YY format.

If unknown, enter "?".

Reminder: Entries of "?" or zeros in the month portion of this field must be resolved before final adjudication.

[4-M] BLIND (Y/N): X

Enter "Y" or "N" to indicate whether the NH alleges blindness.

[5-M] FREEZE (Y/N): X

Enter "Y" or "N" to indicate whether the NH is filing for a disability freeze.

[6-M] AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION (Y/N): X

Enter "Y" or "N" to indicate whether the NH agrees to the release of his/her medical information to SSA or the State DDS.

[7-M] FILED OR INTEND TO FILE FOR: 9 9 9

- Enter "1" if the NH filed or intends to file for VA benefits.
- Enter "2" if the NH has filed or intends to file for
  - WC (including Black Lung Part C), or PDB that offsets or is offset by SSA
- Enter "1" and "2" if the NH filed or intends to file for both, VA and WC
- Enter "3" if the NH has not filed or does not intend to file for any of the above.

[8-M] DISABILITY WORK RELATED (Y/N): X

Enter "Y" or "N" to indicate whether the NH's disability is work-related.

[9-C] REASON NOT FILING: XX[UP TO 26 CHARACTERS]XX

Explain why the NH is not filing for WC if

- the NH's disability is work-related, and
- you did not enter "2" (WC) in [7-M] FILED OR INTEND TO FILE FOR

[10-M] MONEY FROM EMPLOYER AFTER ONSET DATE (Y/N): X

Enter "Y" or "N" to indicate whether the NH received money from his/her employer after the alleged onset date.

[11-C] AMOUNT: 99999999

If the NH received money from his/her employer after the alleged onset date, enter the amount of money received. Use amount format.

[12-C] TYPE: XX[UP TO 41 CHARACTERS]XX

If the NH received money from his/her employer after the alleged onset date, enter the kind of payment received, i.e., vacation pay or sick pay.

[13-M] ADDITIONAL MONEY EXPECTED FROM EMPLOYER (Y/N): X

Enter "Y" or "N" to indicate whether the NH expects to receive more money from his/her employer.

[14-C] AMOUNT: 99999999

If the NH expects to receive more money from his/her employer, enter the amount of additional money he/she expects to receive. Use amount format.

[15-C] TYPE: XX[UP TO 41 CHARACTERS]XX

If the NH expects to receive more money from his/her employer, enter the kind of payment the NH expects to receive, i.e., vacation pay or sick pay.

[16-M] NUMBER OF CHILD CARE YEARS: 9

Enter the number of years the NH, whose child under age 3 lived with him/her, had no covered or non-covered earnings.

Note: Only valid entries are 0-6

[17-C] ACTUAL CHILD CARE YRS: 99 99 99 99 99 99

Enter the actual years. Use YY format.

Note: Valid entries are numerics greater than 50 up to and including the current year (e.g., [19]99 [20]01).

[18-C] NAME: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX

If the NH had a parent(s) who received 1/2 support from him/her when the disability began, enter the parent's name.

If not, press ENTER and STOP.

[19-C] ADDRESS: XX[UP TO 60 CHARACTERS]XX

Enter the parent's address.

[20-C] NAME: XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX

If the NH had another parent(s) who received 1/2 support from him/her when the disability began, enter the parent's name.

If not, press ENTER and STOP.

[21-C] ADDRESS: XX[UP TO 60 CHARACTERS]XX

Enter the other parent's address. Press ENTER.