STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
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November 2, 1993

MEDI-CAL ELIGIBILITY MANUAL LETTER NO.: 120

TO: All Holders of the Medi-Cal Eligibility Manual
All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

COUNTY PROCEDURES FOR DETERMINING PRESUMPTIVE DISABILITY

The purpose of this manual update is to inform counties that one new and one revised procedure should be implemented no later than January 1, 1994 regarding Medi-Cal applications based on disability. The new procedure provides for a process whereby the Department of Social Services Disability Evaluation Division (DSS/DED) will contact counties directly when they discover a disability case that should have been determined presumptively disabled (PD). The revised procedure eliminates, modifies, and adds impairments to allow for PD.

NEW PRESUMPTIVE DISABILITY PROCEDURE

Currently, counties are screening Medi-Cal applications based on disability to determine if an applicant meets any of the requirements to allow for PD. If an applicant's medical condition meets specific criteria the county may grant eligibility while the DED referral is being determined. If the county feels that the applicant's medical condition does not meet the PD criteria, the disability packet is forwarded (as usual) to DED for a determination of disability. If DED subsequently determines that an applicant's medical condition does, in fact, meet the PD criteria, DED processes the packet as a regular disability case. This process causes a delay in providing an applicant with the immediate care they are entitled to.

The new procedure will eliminate the delay by allowing DED to contact the appropriate county (by telephone) to inform them that DED has determined the case meets PD criteria. This process will allow counties to grant PD immediately upon DED's finding. A listing containing the names and phone numbers of both DED and county staff is enclosed for your convenience. This list is an update to the one which was enclosed in a letter addressed to All County Medi-Cal Program Specialists/Liaisons which was dated February 9, 1993. This list will be updated periodically; therefore, counties should utilize the enclosed form (DHS 4033) for any future updates. (Indicate an update, by check mark, next to "Medi-Cal Liaison(s) for Disability Issues". The other choice on the form is for a listing which is currently being prepared.)

Counties should make every attempt to determine whether an applicant meets the PD criteria prior to submitting a disability packet to DED. The new procedure was developed to expedite cases that may have been missed by the county welfare departments or where DED receives additional information indicating that PD criteria is met.

REVISED PRESUMPTIVE DISABILITY PROCEDURES

The impairments to allow for PD have slightly changed. Please note the following:

1. Item A--Is eliminated. Only certain types of cancer which is explained under M of the HIV infection will meet the criteria for PD. (Item B becomes Item A)

2. Item B--Expanded definition of mental deficiency (i.e., mental retardation). (Item C becomes Item B)

3. Items C through I become B through H

4. Item J--Down Syndrome was liberalized. (Item K becomes Item J)

5. Item L--Is eliminated. (Item L provided for end stage renal disease requiring chronic dialysis or kidney transplant.) A new listing was added (Item L) to include a child 6 months or younger with a birth weight below 2 lbs, 10oz.

PLEASE NOTE: The proposed HIV procedures (which were implemented by counties no later than April 1993) have now been finalized. These procedures were provided to counties in Medi-Cal Eligibility Manual (MEM) update No. 105, dated December 11, 1992. The revised procedures will be forthcoming in a separate MEM update which is currently being prepared.

The following description identifies the reason for the revision to the procedure manual:

Procedure Revision	Description
Article 4A	Reference for determining PD is made in Article 4C (Quality Procedures for Determining Presumptive Disability).
Article 4C	Procedures allowing DED to contact counties directly to inform them that DED has determined that the case meets PD criteria so the county can immediately process the case. And, the list of impairments for PD was revised.

Filing Instructions

Remove Pages:	Insert Pages:
4A-1 & 4A-2	4A-1 & 4A-2
4C-1 through 4C-5	4C-1 through 4C-7

If you have any questions on this issue, please contact RaNae Dunne of my staff at (916) 657-0714.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

4A -- COUNTY PROCEDURES
DISABILITY DETERMINATION REFERRALS

Medi-Cal eligibility for federally disabled persons and Substantial Gainful Activity (SGA) Disabled persons is determined concurrently by: (1) county welfare departments (CWDs) and (2) the State Programs Bureau of the Disability Evaluation Division (DED) in the State Department of Social Services. The CWD is responsible for the nonmedical part of the eligibility determination; DED is responsible for the collection of medical data and the disability determination. (Reference: California Administrative Code (CAC), Title 22, Section 50167 (a) (1) (E)).

DED does not do incapacity determinations or pregnancy verifications nor do they verify Social Security numbers.

Disability should be determined or verified in accordance with these procedures at each application regardless of previous disability determinations for any case.

I. FEDERAL DISABLED PERSONS — BACKGROUND

Title 22, Section 50223, defines a person 18 years of age or over as federally disabled if that person meets the disability criteria of Title II/Title XVI of the Social Security Act. (Disability status established through State Disability Insurance (SDI), Veterans' Benefits, Workers' Compensation Fund, etc., does not establish disability for Medi-Cal.) State law requires that Medi-Cal clients 21 through 64 years of age who meet this definition must have their eligibility evaluated under the Aged, Blind and Disabled-Medically Needy (ABD-MN) Program. This is due to the fact that the Medi-Cal costs of MN eligibles are approximately 50 percent federally funded, and the ABD-MN Program is more advantageous to the applicant/beneficiary due to the greater income deductions.

In addition to the required disability determination for adults who are potentially disabled, a determination is done on other Medi-Cal applicants or beneficiaries who are eligible under another program (Aid to Families with Dependent Children-MN (AFDC-MN) Program, Medically Indigent Child Program, etc.) and who allege disability and choose to apply or be redetermined as disabled MN. A child who is determined to be disabled may have a lower share of cost than an AFDC-MN child due to the greater income deductions available to both the child and his/her parents. In most cases, disability determinations occur only after Medi-Cal Only clients (applicants or beneficiaries) have identified themselves as potentially disabled through their statements on the MC 210 form or the MC 176S form. A Medi-Cal applicant/beneficiary may also identify himself/herself as potentially disabled through other written or oral statements.

There are methods other than the disability referral process to confirm a client's alleged disability. The disability referral process is used only if (1) the applicant's alleged disability cannot be confirmed by any of the other methods described in the Medi-Cal Eligibility Manual, Section 50167 (a) (1), (A) through (C), or (2) the applicant is a former Supplemental Security Income (SSI) recipient discontinued for reasons other than cessation of disability and who does not currently receive Title II benefits (see Procedure 4B).

Use of Railroad Retirement Board disability benefit award letters to establish disability for Medi-Cal is acceptable under certain circumstances provided the procedures specified in Section 4G are followed.

NOTE: Please note that a blindness evaluation for former SSI/State Supplementary Payment (SSI/SSP) recipients for a determination under the Pickle Amendment to the Social Security Act may be necessary even if the applicant/beneficiary has reached age 65 or has already been determined to be disabled. This is because blind individuals are entitled to a higher SSI/SSP payment level than disabled or aged persons. The worker must indicate "Pickle Person" on the MC 221 under "Type of Referral" or DED may reject the referral as unnecessary.

II. DISABILITY REFERRALS

A. General

Referrals are initiated by sending a disability evaluation packet to the state DED. The packet contains completed and partly completed forms filled out by the client or the Eligibility Worker (EW). DED uses these forms and other information to make an evaluation. DED sends the MC 221 with results of the evaluation to the CWD. For those applicants found not disabled, DED will send a notice that must be either attached to or incorporated with the county's Notice of Action which will explain the basis for the determination. A copy of this notice must be retained in the case file.

NOTE: Counties should make every effort to determine if the applicant has any of the conditions listed in Article 4C which could grant them presumptive disability.

B. Potentially Disabled Persons

Potential disability is indicated by any of the following:

1. The applicant/beneficiary has checked "yes" on Question 12b, page 4, of the MC 210, Statement of Facts, for Medi-Cal; and

2. The applicant/beneficiary states on the MC 176S status report that he/she is now disabled.

4C - COUNTY PROCEDURES FOR DETERMINING PRESUMPTIVE DISABILITY

I. BACKGROUND

In most cases, an applicant/beneficiary must be determined disabled through a federal or state evaluation process prior to approval of Medi-Cal based on disability. However, applicants/beneficiaries with certain conditions are presumed to be disabled and eligibility may be granted while the Department of Social Services Disability Evaluation Division (DSS/DED) referral is being determined. Section 50167 (a)(1)(D) requires the county to submit the request for disability evaluation to DED within ten days of the date the Statement of Facts, (MC 210) is received. The disability determination referral process is described in Procedure Manual Section 4A II. **ONLY APPLICANTS/BENEFICIARIES WHO HAVE CONDITIONS THAT ARE LISTED CAN BE GRANTED PRESUMPTIVE DISABILITY (PD). PD IS ONLY ALLOWED AS OF THE MONTH OF DISCOVERY.**

II. PURPOSE

These procedures instruct counties how to determine if an applicant/beneficiary meets certain conditions in order to be granted PD.

III. IMPLEMENTATION

County welfare departments shall implement these procedures no later than January 1, 1994.

IV. WHEN TO USE THIS PROCEDURE

Counties should use these procedures when the applicant/beneficiary provides the county with a medical statement from his/her physician verifying the condition(s) specified below and the applicant/beneficiary is otherwise eligible.

V. PROCEDURE

County Responsibility:

Counties should explain to the applicant/beneficiary that PD only allows the county to temporarily grant Medi-Cal eligibility pending the disability determination made by DED. Counties should also indicate on the Notice of Action whether the approval was based on PD and indicate in the DED packet (under the "CWD Representative Comments" column of the MC 221) if PD was approved. Counties should immediately process the case and grant temporary eligibility upon notification from DED that a case should have been determined PD.

DED Responsibility:

DED will contact the appropriate county liaison, (refer to February 9, 1993 letter addressed to All County Medi-Cal Liaisons/Program Specialists regarding the DED telephone listing and county liaison establishment) by telephone, if a county initially determined that an applicant did not meet

any of the conditions to allow for PD, and DED subsequently determines that the applicant meets PD criteria. DED will indicate the following in the remarks section of the MC 221: "PD decision phoned to CWD liaison; received by (name of contact) on (date)", and they will initial and date the statement. A photocopy of the MC 221 will then be mailed to the CWD liaison as verification of the PD. DED will process the case as quickly as possible to make a formal determination. If disability is not established when the formal decision is made, DED will indicate in the remark section of the MC 221 as follows: "Previous PD decision not supported by additional evidence".

NOTE: Counties should use the DHS 4033 "Disability Listings Update" to notify the state of any changes to the DED telephone listing and county liaison establishment. Indicate and update by check mark, next to "Medi-Cal Liaison(s) for Disability Issues". The other choice is for quarterly status listings for pending and closed disability cases.

Initiate PD when the applicant/beneficiary meets any of the following conditions:

A. Paraplegia or quadriplegia. Paraplegia means permanent paralysis of both legs. Quadriplegia means permanent paralysis of all four limbs. This category does not include temporary paralysis of two or more limbs or hemiplegia (paralysis of one side of the body, including one arm and one leg). NOTE: Refer to Item G regarding hemiplegia due to a stroke.

B. Allegation of severe mental deficiency (i.e., mental retardation) made by another individual filing on behalf of a claimant who is at least seven years of age. The applicant alleges that the individual attends (or attended) a special school, or special classes in school, because of his or her mental deficiency, or is unable to attend any type of school (or if beyond school age, was unable to attend), and requires care and supervision of routine daily activities (i.e., the individual is dependent upon others for personal needs which is grossly in excess of what would be age-appropriate).

   NOTE: Severe mental retardation may be characterized by the inability to comprehend, read or write, communicate, follow directions, and adjust emotionally and socially.

C. Absence of more than one limb. This category includes persons absent two arms, two legs, or one arm and one leg.

D. Amputation of a leg at the hip. Individuals with a leg amputated at the hip are unable to wear a prosthesis, and thus, will be required to use two crutches or a wheelchair.

E. Total deafness. Total deafness is defined as the complete lack of any ability to hear in both ears regardless of decibel level and despite amplification (hearing aid). Persons wearing aids are not totally deaf as some ability to hear is present.

F. Total blindness. Total blindness means complete lack of vision and not legal blindness. Persons wearing glasses are not considered totally blind as some vision is present. The term "glasses" does not include the nonprescription sunglasses worn by some blind individuals.

G. Hemiplegia due to a stroke providing the stroke occurred more than three months in the past. Hemiplegia is paralysis of one side of the body, including one arm and one leg. This condition is often present immediately following a stroke but may improve in the next few months. As a result, a three-month delay in evaluating the applicant's/beneficiary's condition is required by federal law. DED cannot develop the disability case until that three-month delay is completed. However, the EW should forward the disability packet to DED as usual. **DO NOT HOLD THE PACKET FOR THE THREE-MONTH PERIOD**. When application is made in the same month as the stroke occurred, DED must delay case development. However, while PD is also delayed until the expiration of the three-month period, once that period has expired, the EW should (providing hemiplegia still exists) grant PD back to the date of application. The applicant/beneficiary will thus be eligible until DED completes the evaluation.

NOTE: The three-month period begins the date of the stroke, not the application date.

H. Cerebral palsy, muscular dystrophy, or muscle atrophy with marked difficulty in walking requiring the use of two crutches, a walker, or wheelchair. The physician's statement must clearly state one of these three diagnoses. Other individuals on crutches, walkers, or using a wheelchair are not presumed disabled unless they meet the criteria for one of the other impairments indicated.

I. Diabetes with the amputation of one foot. This combination of impairments is considered disabling because the amputation is usually due to circulatory failure caused by the diabetes. Diabetes which has progressed to that point will meet the disability criteria.

J. Allegation of Down Syndrome. **NOTE**: Down Syndrome may be characterized by some indication of mental retardation and by abnormal development of the skull (lateral upward slope of the eyes, small ears, protruded tongue, short nose with a flat bridge, small and frequently abnormally aligned teeth); short arms and legs; and hands and feet that tend to be broad and flat.

K. End stage renal disease requiring chronic dialysis or kidney transplant. This category does not include acute renal failure requiring temporary dialysis until kidney function resumes.

L. A child, premature at birth (i.e., 37 weeks or less), age 6 months or younger, and the birth certificate or other evidence (e.g., hospital admission summary) shows a weight below 1200 grams (2 pounds, 10 ounces) at birth.

M. A diagnosis of Human Immunodeficiency Virus (HIV) infection confirmed by reliable and currently accepted tests with one of the secondary conditions recognized by the Social Security Administration. HIV is characterized by the inability of the body's natural immunity to fight infection and is susceptible to one or more opportunistic diseases, cancers, or other conditions.

Counties may make a finding of PD for any individual with HIV infection whose medical source provides us with information that confirms that the individual's disease manifestations are of listing-level severity, whether or not the individual has been diagnosed as having Acquired Immunodeficiency Syndrome (AIDS).

The diagnosis of HIV must meet certain conditions listed on either the DHS 7035A (adults) or the DHS 7035C (children) (Medical Verification - HIV) (see exhibits 1 and 2) for a PD. An individual is considered an adult for the purposes of determining PD the day of his/her 18th birthday.

Where a diagnosis of HIV infection is suspected but is not confirmed by laboratory tests or clinical findings, disability **CANNOT** be presumed. In addition, if a diagnosis of HIV infection is made but none of the conditions shown on the HIV form(s) exist, the county **CANNOT** find the person to be PD. However, the case should continue to be processed under regular disability evaluation procedures. Counties should specify to **EXPEDITE** the case under the "CWD Representative Comments" column on the MC 221.

In order to minimize the amount of follow-up activity by EWs and ensure all necessary information is obtained, forms DHS 7035A and DHS 7035C, must be completed by a medical professional (physician, nurse or other member of a hospital or clinic staff) who can confirm the diagnosis and severity of the HIV disease symptoms. A blank DHS 7035A or DHS 7035C should be provided to either the applicant/beneficiary or physician with a cover letter and return envelope (see exhibit 3). Counties may want to appoint a district coordinator to receive the returned HIV form(s), to preserve confidentiality of information.

THE FOLLOWING PROVIDES COUNTIES WITH SPECIFIC PROCEDURES:

A. POLICY

a. The county may make a finding of PD for individuals

- Who allege HIV infection

AND

- Whose disease manifestations are of listing-level severity as outlined in exhibits 4, 5, and 6.

AND

- The presence of the disease manifestations is confirmed by the treating source.

b. Forms used to verify the presence of the disease manifestations are:

- Form DHS 7035A "Physicians Report on Adult With Allegation of HIV Infection", (see exhibit 1).
- Form DHS 7035C "Physicians Report on Child With Allegation of HIV Infection", (see exhibit 2).

B. PROCEDURE - APPLICANT ALLEGES HIV INFECTION:

When processing claims for individuals alleging HIV infection, the county should take the following actions:

1. Authorization for Release of Medical Information

a. Complete the MC 220A "Authorization For Release of Medical Information - HIV", including the applicant's signature (see exhibit 7).

b. Attach the signed MC 220A to the DHS 7035A or DHS 7035C.

NOTE: Although the DHS 7035A and DHS 7035C contains an abbreviated medical release, the county should also use the MC 220A. The abbreviated medical release is provided in the event that the form is completed without access to an MC 220A.

2. DHS 7035A - DHS 7035C

Complete the DHS 7035A/DHS 7035C, as appropriate.

a. Check the "Medical Release Information" space on the check-block form DHS 7035A/DHS 7035C.

b. Enter the applicant's medical source's name in the space marked "Physician's Name".

c. Enter the applicant's name, social security number, and date of birth in the appropriate space.

3. Cover Letter

Use the model cover letter, (see exhibit 3), to request the medical source to complete the DHS 7035A/DHS 7035C.

4. Return Envelope

Prepare a return envelope which identifies the appropriate county contact person and address.

5. Mailing of the DHS 7035A or DHS 7035C

Give the following information to either the applicant/beneficiary or mail the information to the medical source:

- The cover letter;
- Return envelope;
- DHS 7035A or DHS 7035C, as applicable; and
- MC 220A

The appropriate information must be completed by the medical source and returned to the county.

6.	County Actions Prior to Return of the Form	The county will not hold the disability packet pending receipt of the form(s), but will flag the packet and forward it to the DED using existing procedures outlined in 4A II. The county should indicate on the DED packet (under the "CWD Representative Comments" section on the MC 221) that PD is pending.
7.	Form Returned to County	Upon return of the DHS 7035A or DHS 7035C, as applicable, the county will review the form, verify that the physician has signed the form, and make a finding of PD if any combination of blocks has been checked as specified in exhibits 4, 5 and 6. a. The county will make a finding of PD, if appropriate, even if the file has already been forwarded to DED. b. Prior to forwarding the form to DED, counties should contact DED to determine the location of the packet (what analyst has been assigned to the case) and forward the form appropriately. A cover sheet (MC 222) should be attached to the form indicating the: 1) case name; 2) Social Security Number; 3) date the original packet was sent to DED; and 4) status of the pending PD case.
8.	Medical Evidence of Record Received in the County	If medical evidence of record is received in the county, along with the completed DHS 7035A or DHS 7035C form, make the PD finding, if applicable, and forward the evidence to DED. Counties should indicate the status of the PD determination either on the MC 221 or on the cover sheet. If medical evidence is received after the DHS 7035A or DHS 7035C has been received forward this information to DED using the MC 222.
9.	County is Able to Make PD Decision	After the PD finding has been made following the procedures outlined in exhibits 4, 5 and 6, the county will complete the packet and forward to the DED.
10.	County Unable to Make a Finding of PD	If the county is unable to make a finding PD because the form has not been appropriately completed, or if the county is unable to make a PD for any other reason, forward the form to DED. This will allow the DED analyst to develop the case further.

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

DISABILITY LISTINGS UPDATE

_____ **MEDI-CAL LIAISON(S) FOR DISABILITY ISSUES**

_____ **MEDI-CAL LIAISON(S) FOR QUARTERLY STATUS LISTINGS FOR PENDING AND CLOSED DISABILITY CASES**

(PLEASE INDICATE WHICH LIST IS TO BE UPDATED WITH A CHECK MARK)

PLEASE USE THIS FORM TO TRANSMIT THE NAME OF YOUR COUNTY'S REPRESENTATIVE, OR IN COUNTIES WHERE MULTIPLE CONTACTS WILL BE NECESSARY, PLEASE PROVIDE THE SAME INFORMATION FOR EACH REPRESENTATIVE ON A SEPARATE FORM. IT WOULD BE APPRECIATED IF THE INFORMATION IS PRINTED OR TYPED

COUNTY: _____

LIAISON: _____

LIAISON'S POSITION TITLE: _____

LIAISON'S TELEPHONE NUMBER: _____

ALTERNATIVE TELEPHONE NUMBER: _____

OFFICE ADDRESS: _____

_____

_____

_____

_____

RETURN TO:

Department of Health Services
Medi-Cal Eligibility Branch
Attn: Unit B Clerical Supervisor
714 P Street, Room 1376
P.O. Box 942732
Sacramento, CA 94234-7320

MC 4033 (9/93)