

DEPARTMENT OF HEALTH SERVICES

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(916) 657-2941

February 11, 1994

MEDI-CAL ELIGIBILITY MANUAL LETTER NO.: 129

TO: All Holders of the Medi-Cal Eligibility Manual

Enclosed are the procedures portion of the Medi-Cal Eligibility Manual, Article 4A, Section 5(E) which involves disability evaluation forms. We are deleting the previous Section 4A, Section 5() and adding a new 4A, Section 5(E)--MC 179 (4/93) 90-Day Status Letter.

PLEASE NOTE: Counties **MUST** continue to utilize the draft procedures for the MC 223 (10/90) -- Applicant's Supplemental Statement of Facts for Medi-Cal which were enclosed with All County Welfare Directors Letter 92-43, dated July 1, 1992. DED will return all DED packets which contain any MC 223 dated prior to October of 1990. Finalized procedures regarding the MC 223 will be incorporated with the future revision of the entire article concerning applications based on disability. As was previously stated, procedures for applications based on disability will become a separate article under Article 12.

Procedure RevisionDescription

- | | |
|---------------|---|
| 1. Article 4A | Form MC 179--90-Day Status Letter--added to comply with the <u>Radcliffe</u> and <u>Harris v. Coyle, et al</u> lawsuit. |
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If you have any questions concerning these procedures, please contact Ms. Marie Taketa of my staff at (916) 657-1250.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

D. MC 223 (9/85) -- Applicant's Supplemental Statement of Facts for Medi-Cal

1. Designed for completion by the applicant not the eligibility worker (EW); however, the EW should assist the applicant/beneficiary as needed.
2. Available in English and Spanish.
3. The MC 223 is used as a tool by Disability Evaluation Division (DED) and therefore, should be as complete as possible. If necessary, further information about the applicant's medical/vocational history will be obtained during DED's evaluation. However, because this requires DED to contact the applicant, case delays may result. Therefore, please stress to the applicant the importance of complete information.
4. The following items of the MC 223 are essential in the disability evaluation process and should be brought to the attention of the applicant:

Part 1:

- a. Item 3 -- Complete date of birth, including year.
- b. Item 4 -- Current height and weight.
- c. Item 5 -- Applicant is to indicate the nature of his/her impairment(s) and should indicate any condition which impairs his/her ability to function regardless of whether medical treatment is desired or has been received for that condition. Additional pages may be attached. **NOTE:** Allegation of AIDS requires the completion of one MC 220A for each provider who has treated the applicant.
- d. Item 7 -- Applicant is to discuss all impairments and restrictions in ability to function regardless of whether the applicant views the restriction as minor. The combined effect of all impairments may render the applicant disabled. Example: An applicant completes the disability packet stating that the disability is a back impairment. The applicant also wears glasses. DED evaluates the applicant and determines that the applicant's back impairment limits him/her to sedentary work which, considering age, education, and past work skills, results in a finding that the claimant is not disabled. If DED has not been informed that the applicant wears glasses, the evaluation stops there and disability is denied. However, if DED has been informed of the visual impairment, they will also consider the effect of that impairment on the applicant's ability to work. Many persons who wear glasses have visual impairment which, when corrected (glasses), still do not have 20/20 vision. Therefore, an applicant restricted to sedentary work due to back problems who has a corrected visual acuity of 20/80, for instance, in each eye will also probably be unable to perform sedentary work because he/she cannot be expected to perform work requiring a lot of reading and writing. Therefore, the applicant would probably be found to be disabled based on the additional visual impairment.

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- e. Item 8 -- Enter complete name(s) and address(s) of all doctor(s), client(s), and/or hospital(s). Include ZIP codes when possible.
- Item 8A -- Enter all testing performed, even if applicant does not know purpose of test or name. If purpose or name of test is unknown, enter "unknown test" in other and give name of testing facility and date.
- f. Item 9 -- It is very important that applicants complete this area. Other agencies may have relevant medical evidence gathered or have ordered a consultative examination. This evidence may help establish duration and/or the extent of the impairments. **NOTE:** With the exception of Social Security, disability determinations by agencies other than DED do not establish disability for Medi-Cal, as different criteria are used. However, medical evidence from any source is considered and reviewed by DED.
- g. Item 10 -- Applicant is to indicate highest grade completed or year GED test is passed. If the applicant is unable to read or write despite the educational level stated, the notation "functional illiterate" should be entered next to the grade level. If the individual's education was in special education classes due to a mental or physical impairment, note "special education" next to grad level.
- h. Item 11 -- Applicant is to indicate language(s) in which he/she can converse, and if available, the name and phone number of a friend or relative available to translate, if needed. If no translator is available, "none" should be entered in that area.
- i. Item 12 -- This information is extremely important in determining the extent of the impairment and its effects on the applicant's ability to function, particularly in cases involving mental or emotional disorders. If incomplete, DED may be unable to determine the extent of the applicant's restrictions which could result in ineligibility.
- j. Item 13 -- Applicant is to indicate whether he/she has been employed within the last 15 years. If so, Part II of the form must be completed.

Part II

Item 4 -- Applicants should enter a job description as well as job title. The job he or she performed may differ from the job described by that title in the Dictionary of Occupational Titles used by DED. If no description is provided, the applicant's case could be erroneously denied due to comparing the applicant's ability to function to an inappropriate past work standard. The description should include the frequency of any weight of any lifting involved; hours spent standing, sitting, and walking; and other exertional requirements. In addition, if alterations were made to the applicant's job functions to accommodate his/her impairments (such as special equipment or changes in duties, etc.), these accommodations should be noted and described. If such accommodation was made, then the applicant may

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not have performed his/her job as it exists in the national economy and DED must evaluate disability accordingly.

E. MC 179 (4/93) -- (90-DAY STATUS LETTER):

I. SCOPE:

These procedures give instructions on what is required of counties if a completed DED packet has **NOT** been submitted to State Programs (SP) DED by the 80th day from the date that the applicant/beneficiary alleges that he/she is blind or physically/mentally disabled. The county is required to submit the DED packet to SP-DED no later than ten days after the State ment of Facts (Medi-Cal), form MC 210 or other applicant/beneficiary's statement of disability is received by the county. If medical records are readily available, they must be submitted with the packet. However, submission of the packet should **NOT** be delayed to obtain those records. The only acceptable reason for not complying with the ten-day rule is when circumstances are beyond the county's control (such as the applicant fails to provide the completed packet to the county in a timely manner). However, all such case situations must be determined on a case-by-case basis and **MUST** be documented in the case files.

II. BACKGROUND:

Section 50177 of Title 22 of the California Code of Regulations (CCR) deals with the promptness requirements. It states that counties should complete the determination of eligibility no later than 90 days following the date the applicant requests Medi-Cal eligibility based on blindness or physical and/or mental disability(ies). To ensure that the timeliness requirements are met, the Radcliffe and Harris v. Coye, et al. (Radcliffe) lawsuit was filed in the Superior Court of the State of California in the county of San Francisco. The plaintiffs specified two allegations: (1) that independent disability determinations be made within the time limit required by law; and (2) that a status letter be issued to an applicant/beneficiary whose disability determination will not be decided within 90 days. The status letter will inform him/her of the reason(s) for the delay.

III. UTILIZATION OF THE STATUS LETTER:

Counties **MUST** issue a MC 179, Status Letter, to the applicant/beneficiary whose DED packet has not been submitted to SP-DED by the 80th day explaining the reason(s) why the packet has not been forwarded to DED.

- Counties **MUST** issue a MC 179 no later than the 80th day from the date that an applicant/beneficiary requests Medi-Cal based on disability if the completed DED packet has not been submitted to DED;
- Counties may also send the MC 179 any time prior to the 80th day if the county knows that the packet will not be submitted to DED by the 80th day;
- It is important that counties insert the correct "date applied" which **MUST** include the month, day, and year in Item 6 of the MC 221. DED will utilize this date as the beginning date for the 90-day time period;

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For applicants, county staff **MUST** insert the SAWS 1 (formerly CA 1) date in Item 6 of the Disability Determination and Transmittal form, MC 221 (12/87). For a beneficiary who later alleges blindness, mental and/or physical disability(ies), the date in Item 6 of the MC 221 **MUST** reflect the date the county becomes aware that the beneficiary requests that his/her disability be evaluated (this may **NOT** be the SAWS 1 date but most likely will be the date on the MC 223);

- Counties **MUST** attach to the DED referral packet a copy of the MC 179 which was sent to the applicant and also annotate on the MC 221, Disability Determination and Transmittal that a copy of the MC 179 has been included. This informs DED that the status letter was issued;
- DED **MUST** issue a DED status letter on the 85th day to the applicant/beneficiary if the case is in DED by the 85th day and it is apparent that a determination will not be rendered by the 90th day;

NOTE: If on the 80th day, a county is in possession of a returned DED referral packet, the county **MUST** ensure that the MC 179 is issued and a copy is included in the DED packet before resubmission to DED; and

- On those referral packets that DED receives on the 86th day or later without a copy of the MC 179, DED will send the county a letter informing the county staff that the MC 179 is missing. County staff **MUST** immediately send the MC 179 to the applicant/beneficiary informing him/her of the delay. The county staff **MUST** also forward a copy of the MC 179 to DED along with a copy of DED's letter. The copy of DED's letter **MUST** be annotated with "See Attached".

IV. MC 179 (4/93) -- (COUNTY ISSUE STATUS LETTER):

The MC 179, English version and the MC 179 (SP), Spanish version, is a letter which was developed for county use only. This letter informs the applicant/beneficiary that there has been a delay in the processing of his/her disability-based Medi-Cal and the reason(s) why the case has not yet been referred to DED.

The status letter will give the following as reasons why the case has been delayed/not determined:

- Applicant has not responded to the request for additional information.
(_____);
- Applicant has not responded to the request to come into the office;
- Applicant has not completed the DED forms appropriately;
- Other. (Write in all other reasons for the delay);

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County staff must check the appropriate box(es) on the MC 179.

County staff will check the first box of the MC 179 if the applicant has failed to respond to the county's request for additional information. A "blank line" appears below the first statement. It will be at the discretion of each county staff to determine if he/she finds it necessary to insert any additional information on the line.

VI. COUNTY STEPS DURING AND AFTER COMPLETION OF THE DISABILITY EVALUATION:

A. Upon receipt of the completed disability determination results (MC 221, completed and returned by DED):

1. If DED has determined that the applicant/beneficiary is disabled approve the application as otherwise eligible and/or reclassify the case as disabled MN.

The approval of eligibility or reclassification as a disabled MN person shall be effective with the disability onset date or application date as appropriate.

2. If DED has determined that the applicant/beneficiary is not disabled, take the appropriate denial/discontinuance action on the application or continuing case.

B. Notification to DED of Changes While DED Referral is Pending

The county shall notify DED immediately in writing (via an MC 221) of the following changes if DED is in the process of making a disability determination:

1. Change in applicant's/beneficiary's address.
2. Change of applicant's/beneficiary's name or message telephone number.
3. Denial or discontinuance of the applicant/beneficiary on the basis of non medical information, i.e., excess property, etc.
4. Withdrawal of the application.
5. Cancellation of the Authorization for Release of Information (MC 220, MC 220A) by the applicant/beneficiary.
6. The death of the applicant.

The county must indicate on the MC 221 that this subsequent MC 221 is to notify DED of a change in the status of a pending referral.

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C. DED Addresses

1. Disability evaluation packets from the following counties:

Imperial	Riverside
Los Angeles	Kern
Orange	San Diego

must be sent to:

Department of Social Services
Disability Evaluation Division
State Programs Bureau
P.O. Box 30541, Terminal Annex
Los Angeles, CA 90030
(213) 965-3316

2. Disability evaluation packets from all other counties must be sent to:

Department of Social Services
Disability Evaluation Division
State Programs Bureau
P.O. Box 23645
Oakland, CA 94623-0645
(510) 286-3706

VII. QUESTIONS, INQUIRIES, PROBLEMS

A. Disability Referral Policy and Procedures

Counties should direct questions on these subjects to the Department of Health Services through their county Medi-Cal liaisons or disability coordinator.

B. Case Specific Information

All 58 counties will receive quarterly computer listings from the Department of Social Services, Disability Evaluation Division (DED) of pending and closed disability cases. There will be a cover letter enclosed with each listing, developed by DED which explains how to use the listings. Questions pertaining to these listings should be directed to either:

1. Ms. Lorraine Gaff
Operations Support Unit Supervisor
Oakland State Programs Bureau
Department of Social Services
P.O. Box 23645-0645
Oakland, CA 94623
(510) 286-0630/8-541-0630 CALNET

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OR

2. Mr. Brian Olson
Operations Support Unit Supervisor
Los Angeles State Programs Bureau
Department of Social Services
P.O. Box 30541, Terminal Annex
Los Angeles, CA 90030
(213) 965-2061/8-730-2061 CALNET

All County Welfare Directors Letter Number 93-77 provided counties with a combined list of Medi-Cal liaisons, district office codes, district office addresses and telephone numbers which will be used to disburse the quarterly status reports. All future updates to this listing must be submitted to the Department of Health Services (DHS) on the "Disability Listings Update" form (MC 4033). The DHS Warehouse address is indicated on the form itself.

Where disability evaluations are consistently not completed in a reasonable time, the Medi-Cal Eligibility Branch, DHS, should be notified by designated county staff through appropriate channels.

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STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY
MEDI-CAL PROGRAM

DEPARTMENT OF HEALTH SERVICES

(County Address)

┌ _____ ┐

└ _____ ┘

┌ _____ ┐

Date: _____

Case Name: _____

Case No.: _____

└ _____ ┘

Worker Name: _____

District: _____

—

This letter is to tell you that all of the information necessary to refer your case to State Programs, Disability Evaluation Division for a disability determination has not been received.

Though federal law requires that eligibility for Medi-Cal based on disability be decided within 90 days, we are not able to do so in your case due to the reason(s) checked below.

We are awaiting the following information:

- For you to respond to our request for additional information
(_____)
- For you to respond to our request to come into the office
- For you to contact your eligibility worker **RIGHT AWAY** because your disability form(s) is not completed correctly
- Other _____

If you have questions about your Medi-Cal application, call me at (_____) _____
between _____ a.m. and _____ p.m.

MC 179 (4/93)

SECTION NO.: 50167, 50177

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STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY
MEDI-CAL PROGRAM

DEPARTMENT OF HEALTH SERVICES

(Dirección del Condado)

Fecha: _____

Nombre del Caso: _____

No. del Caso: _____

Nombre del trabajador(a): _____

Distrito: _____

Esta carta es para informarle que no se ha recibido toda la información necesaria para mandar su caso a los Programas del Estado, División de Evaluación de Incapacidad para llevar a cabo una determinación sobre incapacidad.

Aun cuando la ley federal requiere que se decida la elegibilidad para recibir Medi-Cal basada en incapacidad en un plazo de 90 días, no podemos hacerlo en el caso suyo debido a la(s) razón(es) marcada(s) enseguida.

Estamos esperando:

- que usted nos proporcione la información adicional que le pedimos
(_____)
- que usted venga a nuestra oficina como se lo pedimos
- que usted se comunique con su trabajador de elegibilidad DE
INMEDIATO porque su(s) forma(s) de incapacidad no está(n)
llenada(s) correctamente
- Otro _____

Si tiene preguntas acerca de su solicitud para Medi-Cal, llámeme
al () _____ entre las _____ a.m. y las _____ p.m.

MC 179 (SP) (4/93)

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