

DEPARTMENT OF HEALTH SERVICES

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September 19, 1996

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 170

TO: All Holders of Medi-Cal Eligibility Procedures Manual

Enclosed are revised procedures for Article 22--Disability Determination Referrals. The changes are identified by a sidebar on the outer edge of the affected pages.

Procedure RevisionDescription

Article 22
 Page 22C-7

Revision to State Programs - Disability Evaluation Division's information regarding telephone, address, and contact liaisons

Article 22
 Page 22C-9

Revision procedures for processing reexamination cases.

The effective date of the revised procedures is September 1, 1996.

Filing Instructions:Remove PagesInsert Pages

Article 22
 Pages 22C-7.1 and 22C-7.2

Article 22
 Pages 22C-7.1 and 22C-7.2

Article 22
 Pages 22C-9.1 and 22C-9.2

Article 22
 Pages 22C-9.1 and 22C-9.2

If you have any questions regarding these procedure revisions, please contact Terry Durham of my staff at (916) 657-2701.

Sincerely,

Original signed by

Frank S. Martucci, Chief
 Medi-Cal Eligibility Branch

Enclosures

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22 C-7 -- COMMUNICATING WITH SP-DED AND DHS ABOUT CHANGES AND STATUS

1. NOTIFYING SP-DED ABOUT CHANGES

A. MC 222 LA/ MC 222 OAK - DED PENDING INFORMATION UPDATE FORM

While a disability evaluation is pending, CWD will notify SP-DED about changes in client's situation which affect eligibility or which would enable SP-DED to contact client. MC 222 LA/OAK is used to submit changes and to report information to SP-DED.

CWDs who send packets to Los Angeles SP-DED will use MC 222 LA. Other CWDs who send packets to Oakland SP-DED will use MC 222 OAK.

B. TYPE OF CHANGES TO REPORT TO SP-DED

1. Change in client's address.
2. Change in client's name, telephone or message number.
3. Denial or discontinuance of client on basis of nonmedical information (e.g., excess property).
4. Withdrawal of application.
5. Cancellation of Authorization for Release of Information (MC 220) by client.
6. Death of client.
7. Receipt of new medical evidence (attach new medical evidence to MC 222).
8. Availability of interpreter (provide name and phone number).
9. Change in EW.
10. Any other pertinent information which affects SP-DED's actions on a pending case.

C. SP-DED ADDRESSES

Disability packets from ***Imperial, Los Angeles, Orange, Riverside, Kern and San Diego Counties*** must be sent to:

Department of Social Services
Disability Evaluation Division
Los Angeles State Programs Branch
P.O. Box 30541, Terminal Annex
Los Angeles, CA 90030
(213) 480-6400 / 8-677-6400 CALNET
FAX: (800) 869-0188

Disability packets from ***all other Counties*** must be sent to:

Department of Social Services
Disability Evaluation Division
Oakland State Programs Branch
P.O. Box 23645
Oakland, CA 94623-0645
(510) 286-3706 / 8-541-3706 CALNET
FAX: (800) 869-0203

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D. MC 4033 - DISABILITY LISTINGS UPDATE FORM

CWDs will use MC 4033 to notify the state of any changes to 1) Medi-Cal Liaison List for Disability Issues, or 2) Medi-Cal Liaison List for Quarterly Status Listings for Pending and Closed Disability cases. Check appropriate list and specify items being updated.

These lists are updated on a regular basis and contain names and phone numbers of CWD liaisons which DHS-MEB and SP-DED may need to communicate with CWDs.

2. RECEIVING AND REQUESTING CASE STATUS INFORMATION FROM SP-DED

A. QUARTERLY COMPUTER STATUS LIST

CWDs will receive a quarterly computer status list from SP-DED regarding pending and closed disability cases, along with instructions on its use. If a particular case was forwarded to SP-DED prior to most recent quarterly list and does not appear on list, CWD may contact SP-DED Operations Support Unit Supervisors by telephone or in writing to obtain status information, as follows:

Los Angeles State Programs Branch

Lorna Pounds
Operations Support Unit Supervisor
DSS - DED - LASPB
P.O. Box 30541, Terminal Annex
Los Angeles, CA 90030
(213) 480-6472 / 8-677-6400 CALNET

Oakland State Programs Branch

Lorraine Graff
Operations Support Unit Supervisor
DSS - DED - OSPB
P.O. Box 23645
Oakland, CA 94623-0645
(510) 286-0630 / 8-541-0630 CALNET

B. USE OF DISABILITY LISTINGS UPDATE FORM (MC 4033)

A combined list of Medi-Cal liaisons, district office codes, addresses and telephone numbers will be used to distribute the quarterly status reports. Form MC 4033 (Disability Listings Update) should be used and sent to the Department of Health Services (DHS) to provide updated information to the list. DHS' address is listed on the form.

C. QUESTIONS AND INQUIRIES ON SPECIFIC CASES

In urgent or unusual circumstances, questions and inquiries about specific cases may be directed to the Disability Evaluation Analyst (DEA) assigned to the case, or the Unit Manager. To determine which DEA or Unit is assigned to case, provide client's name and Social Security number to Masterfiles, at the following numbers:

Los Angeles State Programs Branch

Masterfiles:
(213) 480-6400

8-677-6400 CALNET

Oakland State Programs Branch

Masterfiles:
(510) 286-1503

8-541-1503 CALNET

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22 C-9 -- PROCESSING REEXAMINATIONS, REDETERMINATIONS AND REEVALUATIONS

1. BACKGROUND

Cases which have had a decision made by SP-DED shall be resubmitted for another review by SP-DED for any of the following reasons:

- A. reexaminations
- B. redeterminations
- C. reevaluations

IMPORTANT: Because the criteria for resubmitted cases differ from initial referrals, the type of referral must be correctly identified on MC 221. Include copy of prior MC 221 in SP-DED packet whenever possible to provide a more complete picture of client's overall medical condition.

2. PROCEDURES

A chart at the end of this section summarizes the procedures and identifies types of resubmitted cases, criteria for resubmitting cases, what forms to include in the SP-DED packet, and what client's eligibility status is while a SP-DED decision is pending.

A. REEXAMINATIONS

Most reexaminations occur when a mandatory reexam date set for expected medical improvement is due. The reexam date is shown on the prior MC 221. Medical reexaminations are needed when one of the following situations occur.

1. SP-DED notifies CWD of the cases currently due for medical reexamination. Each county will receive a monthly listing of these cases and should submit the cases to SP-DED within **120** days from the list date or notify SP-DED via the **MC 222 (DED Pending Information Update form)** why a disability packet is not forthcoming.
2. The EW observes or receives information that the client's medical condition may have improved.

Examples:

Client becomes employed within 12 months of date of application for disability.

Client came in office using a walker or crutches, but is observed leaving office without their use.

3. During a case review, the EW notices that the medical reexam date is past due.

The CWD will submit a **full disability packet** to SP-DED for each reexamination case. A full packet consists of a current MC 221 and a copy of the prior MC 221, an MC 223 with a signed and undated MC 220 for each medical source listed on the MC 223. Also include three additional signed and undated MC 220's and any new medical records or reports that the client may have.

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EXCEPTION: If the client's file shows that SP-DED adopted a Social Security Administration (SSA) allowance, contact SSA immediately to determine whether the disability continues. If SSA benefits continue, no referral to SP-DED will be needed when the reexam date has become due, as SSA's determinations are binding until SSA revises its decision.

Medical improvement must be proven by SP-DED prior to termination of Medi-Cal benefits, except when the client refuses to cooperate or the client's whereabouts is unknown. If SP-DED determines that medical improvement has occurred and the client is considered no longer disabled; SP-DED will annotate the MC 221 in item 13 "ceases to be disabled" and return the MC 221 to the CWD. The CWD will determine if any other Medi-Cal linkage can be established. If not, the CWD will send the client a timely discontinuance notice that he/she is no longer considered disabled within the meaning of the law and his/her Medi-Cal benefits will be discontinued.

B. REDETERMINATIONS

This type of referral is made when client was previously determined to be disabled, was subsequently discontinued from Medi-Cal for a reason other than disability, then reapplies alleging that disability continues to exist. Evaluate as follows:

1. Decision Made Within 12 Months of Reapplication Date

If SP-DED's decision was made within 12 months of reapplication and reexam date is not currently due or past due, and there is no reason to suspect that client's condition has improved, determine client's Medi-Cal without submitting packet to SP-DED.

Example: SP-DED approved case in May 1992 with a reexam date of May 1993, and client was discontinued for reasons other than disability in December 1992 and reapplies in February 1993. Redetermination is not necessary and Medi-Cal benefits may be approved if otherwise eligible.

2. Decision Made More Than 12 Months Prior to Reapplication Date

If it has been more than 12 months since SP-DED's decision and any one of the following conditions exist, send a full SP-DED packet including a copy of prior MC 221:

- No reexam date was set;
- A reexam date is currently due or past due; or
- A reexam date is unknown.

Example: SP-DED approved case in May 1996 with a May 1997 reexam date. Client was discontinued in December 1996 for reasons other than disability and reapplies in June 1997. A referral to SP-DED for a redetermination is necessary.