

**DEPARTMENT OF HEALTH SERVICES**

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September 30, 1996

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 174

TO: All Holders of the Medi-Cal Eligibility Procedures Manual

**GUIDELINES TO REQUESTING MEDICAL RECORDS AND DISABILITY PACKET  
REVIEW CHECKLIST--ARTICLE 22C**

Enclosed are two "reference guides" for the county welfare departments (CWD). These guides are intended to assist the Eligibility Workers in reducing errors and returns in disability packets. The "Guidelines to Requesting Medical Records" will assist counties who wish to expedite a client's case by obtaining or requesting medical evidence specific to the client's impairments.

Under **no** circumstances are the counties to delay sending disability packets to State Programs-Disability Evaluation Division (SP-DED) pending receipt of medical records or deny an application for failure to provide the records.

The "**Guidelines to Requesting Medical Records**" reference guide pertains to the medical information necessary for the SP-DED to make a disability decision on a Medi-Cal case.

The "**DED Packet Review Checklist**" reference guide pertains to the necessary information that is to be enclosed with a disability referral packet to SP-DED.

**CHANGES:**

Citations to the two "reference guides" are being added to the Medi-Cal Eligibility Procedures Manual. A citation to the "**Guidelines to Requesting Medical Records**" is contained in Article 22C-6.3. The citation to the "**DED packet . . .**" guide is in Article 22C-6.6.

**FILING INSTRUCTIONS:****Remove Pages**

Article 22  
Pages 22C-6.3 through 22C-6.6

**Insert Pages**

Article 22  
Pages 22C-6.3 through 22C-6.12

If you have any questions, please contact Helen Cahueque of my staff at (916) 657-1527.

Sincerely,

Original signed by

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosures

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*Other*

Any applicable medical documentation previously received, including documentation used for granting PD. If medical records are readily available, they may be submitted with packet. However, do not delay sending packet to obtain medical records.

Please see **Guidelines to Requesting Medical Records**" (on pages 6.7-12) for further information regarding the necessary medical evidence for each specific impairment. Also, (on page 6.13) see **"DED Packet Review Checklist"** for a quick reference guide before sending a full packet to State Programs DED.

### C. PACKET INFORMATION FOR RETROACTIVE MEDI-CAL

*At Initial Application*

1. Determine if client requested retroactive Medi-Cal on MC 210;
2. Have client complete MC 210A for specified months; and,
3. Assemble and send **full** packet to SP-DED.

*Within 12 Months Of Original Application And Prior To SP-DED Decision*

1. Have client complete MC 210A and specify months requested;
2. Complete and send MC 222 to SP-DED and specify rétro months requested under "Other" section.

*Within 12 Months Of Application And After A Favorable SP-DED Decision*

1. Have client complete MC 210A and specify months requested;
2. Complete and send **limited** packet to SP-DED and indicate retro onset on MC 221, along with copy of MC 221 which showed the SP-DED allowance.

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### D. REFERRALS FOR DISABLED FORMER SSI/SSP RECIPIENTS

Clients under 65 years of age who are discontinued from SSI/SSP for reasons other than cessation of disability (e.g., excess income and resources), and who are not receiving Title II benefits, will need to be referred to SP-DED to determine if disability established by SSA still exists. Disabled former SSI/SSP recipients may also include individuals in long term care (LTC).

These clients fall under Ramos v. Myers court settlement, which entitles client to an extension of Medi-Cal after SSI discontinuance, pending CWD determination of eligibility based on current information from client. Additional information on Ramos v. Myers can be found in Article 5E.

#### Responsibilities

##### *CWD*

1. Submit a limited packet to SP-DED immediately upon client's application for Medi-Cal. Only the MC 221 is needed. Indicate in the Comments Section that "SSI/SSP discontinued for reasons other than cessation of disability".
2. Grant temporary Medi-Cal eligibility pending a formal disability determination by SP-DED.

##### *SP-DED*

1. SP-DED may be able to adopt SSA's disability decision and onset date by querying SSA records. The MC 221 will be sent to CWD indicating approval.
2. If SSA's mandatory reexam date (SSA expected the medical condition to improve) has passed or if SSA's disability decision cannot be verified, SP-DED may return a limited packet to CWD as a Z56 case (no determination). A full packet will be requested.

### E. THE RAILROAD RETIREMENT BOARD (RRB) PACKET REFERRAL

The RRB, a federal agency responsible for the retirement system for railroad employees, uses SSA's disability criteria for Total and Permanent Disability benefits, but not for its Occupational Disability benefits.

Recipients of Occupational Disability who apply for Medi-Cal disability must have their claim sent to SP-DED for a disability evaluation.

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The following steps are taken when an applicant for Medi-Cal based on disability, or when a Medi-Cal beneficiary requests reclassification as a Medi-Cal disabled person:

1. Award Letter Available

When a client presents an RRB disability benefit award letter, benefit change notice, or other verification from RRB, determine what type of RRB disability benefit is awarded.

*Total And Permanent Disability*

Client is **disabled** for Medi-Cal purposes. Retain copy of RRB's written statement; OR, document disability onset date (or date benefits began), type of RRB disability award, and date of verification for the file.

*Occupational Disability*

Occupational Disability is based on an inability to perform one's last railroad job and does not consider the ability to perform other work. Submit a **full** packet (MC 220, MC 221, MC 223) to SP-DED.

*Type Of Award Not Identified*

Client is responsible for obtaining a written statement from RRB which identifies the type of disability benefits awarded. Set a reasonable time frame for compliance. If the client is unable to obtain this verification, submit a full packet to SP-DED and an MC 220 which authorizes SP-DED to obtain copies of the RRB award information.

2. Award Letter Not Available

*Occupational Disability*

If client states that award is for Occupational Disability, and does not wish to obtain verification from RRB, refer **full** packet to SP-DED and include MC 220 which authorizes SP-DED to obtain copies of RRB award information.

*Reclassification Request*

If Medi-Cal beneficiary alleges that RRB has determined that he/she is disabled and would like to be reclassified to Medi-Cal disabled category but fails, or refuses without good cause, to cooperate in providing proof about RRB disability benefits, deny Medi-Cal request for reclassification on basis of failure to cooperate.

**DO NOT DISCONTINUE MEDI-CAL BENEFITS** until/unless all other linkage ceases or another reason for discontinuance exists.

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### 2. SENDING THE PACKET

Check forms and information included in packet to ensure consistency of client's name, Social Security number and date of birth. Resolve any discrepancy pertaining to disability issues before sending packet.

Send packet to SP-DED **no later than ten calendar days** after date on the Statement of Facts (MC 223) is signed by client, unless there are circumstances beyond CWD's control. When the ten day rule is not met, the situation must be documented in case. However, do not hold packet pending CWD's evaluation/verification of other non-disability factors. If packet has already been sent and it is discovered that client is ineligible, send MC 222 to SP-DED.

*Example: Client fails to give completed information to CWD timely. Case record documents this as the reason for not sending packet within ten days. CWD sends completed disability packet to SP-DED while continuing to verify property issues. While packet is at SP-DED, CWD discovers that client is ineligible. CWD sends MC 222 informing SP-DED that client is ineligible so that the disability evaluation can be stopped.*

## **GUIDELINES TO REQUESTING MEDICAL RECORDS**

This is a guide to assist counties who wish to expedite a client's case by obtaining or requesting medical evidence specific to the client's impairments. The information is required for evaluation of Medi-Cal disability cases and helps to avoid the need for a consultative examination.

**NOTE: UNDER NO CIRCUMSTANCES ARE THE COUNTIES TO DELAY SENDING DISABILITY PACKETS TO SP-DED PENDING RECEIPT OF MEDICAL RECORDS OR DENY THE APPLICATION FOR FAILURE TO PROVIDE THE RECORDS.**

### Requirements by Body System

#### **MUSCULOSKELETAL SYSTEM - Fractures, Back, Arthritis**

- ▶ Admission Summaries
- ▶ Discharge Summaries, if available
- ▶ History/Physical Examinations
- ▶ Surgical Reports
- ▶ X-Ray Reports - If serial x-rays are available, only the earliest and latest results are needed
- ▶ Laboratory Reports - in cases involving inflammatory or rheumatoid arthritis
- ▶ Medical and surgical notes describing pain, range of motion, atrophy, sensory motor, reflex changes, gait disturbances, and functional restrictions

#### **SPECIAL SENSE ORGANS - Vision, Hearing & Speech**

- ▶ Admission Summaries
- ▶ Discharge Summaries, if available, History/Physical Examinations
- ▶ Surgical Reports
- ▶ Sight: Central visual acuity before and after best correction; and visual field charts
- ▶ Hearing: Audiograms - aided/unaided; speech discrimination tests; and electronystagmography (ENG)

Because of the special provisions for the disabled blind claimant, the record of the earliest date the individual became statutorily blind is essential - i.e. the first date visual acuity in the better eye with correction was only 20/200 or less.

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### **RESPIRATORY SYSTEM - Bronchitis, Emphysema, COPD, Asthma, TB**

- ▶ Admission Summaries
- ▶ Discharge Summaries, if available
- ▶ History/Physical Examinations
- ▶ Restrictive and Obstructive Disorders
- ▶ Chest x-ray reports - Upright films are preferable. If serial x-rays are available, only the earliest and latest results are needed.
- ▶ Bronchograms
- ▶ PFT - with spiograph (tracings) before and after bronchodilators
- ▶ Blood gas studies and/or diffusion studies at rest and at exercise
- ▶ Culture Reports - if any are available

### **CARDIOVASCULAR SYSTEM - Heart Disease**

- ▶ Admission Summaries
- ▶ Discharge Summaries, if available
- ▶ History/Physical Examinations
- ▶ EKG tracings (especially if documentation of M.I.) with interpretation and tracings
- ▶ Reports of serial enzymes
- ▶ Exercise (Treadmill) EKG (TET) with Tracings
- ▶ Thallium Scans
- ▶ Angiogram
- ▶ Coronary catheterization
- ▶ Echocardiogram
- ▶ CBC
- ▶ Chest X-Ray
- ▶ Description of Chest Pain

### **PERIPHERAL VASCULAR DISEASE**

- ▶ Same information as listed above for Cardiovascular System
- ▶ Oscillometry - Doppler with exercise if available
- ▶ Arteriography
- ▶ Laboratory Reports (earliest and latest results are needed)
- ▶ If serial x-rays, only the earliest and latest results are needed.

### **DIGESTIVE SYSTEM - Liver, Ulcers, Colitis**

- ▶ Admission Summaries
- ▶ Discharge Summaries, if available
- ▶ History/Physical Examinations
- ▶ Surgical Reports



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- ▶ Height and Weight
- ▶ X-Ray Reports - If serial x-rays are available, only earliest and latest results are needed.
- ▶ Laboratory Reports (serial liver function tests over 5+ months)
- ▶ Malabsorption stool tests
- ▶ Reports on any endoscopic procedures

### **GENITOURINARY SYSTEM - Kidney Failure**

- ▶ Hemodialysis - any records, whether undertaken or planned
- ▶ Any indication whether dialysis is chronic or acute
- ▶ Any indication of the need for a kidney transplant
- ▶ Serum creatinine or creatine clearance tests
- ▶ Renal Biopsy Reports
- ▶ Sonograms
- ▶ Renal Profusion Studies
- ▶ CBC
- ▶ Weight & Height
- ▶ IV Pyelogram
- ▶ Cystoscopic examination
- ▶ X-Ray Reports - If serial x-rays are available, only the earliest and latest results are needed.

### **HEMIC AND LYMPHATIC SYSTEM - Anemia, Sickle Cell, Leukemia**

- ▶ All Laboratory Work - especially serial hematocrit
- ▶ Sickle Cell Anemia - any documentation of thrombotic crisis hemorrhage or blood clots.
- ▶ X-Ray reports
- ▶ Any Pathology Reports

### **SKIN**

- ▶ Admission Summaries
- ▶ Discharge Summaries, if available
- ▶ History/Physical Examinations
- ▶ Dermatological Report
- ▶ Progress Notes
- ▶ Biopsy Reports

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### ENDOCRINE AND OBESITY SYSTEMS

- ▶ Admission Summaries
- ▶ Discharge Summaries, if available
- ▶ History/Physical Examinations
- ▶ Laboratory Studies
- ▶ X-Rays for Osteoporosis and Osteoarthritis
- ▶ Neurological Examination
- ▶ Ophthalmological Examination
- ▶ Surgical Reports
- ▶ Doppler Tests
- ▶ Arteriogram
- ▶ Height and Weight
- ▶ Description of Limitation of Motion or Functional Limitation
- ▶ Chest X-Rays
- ▶ PFT with Tracings

### NERVOUS SYSTEM

Common Conditions: Epilepsy, CVA, Brain Tumors, Cerebral Palsy, Parkinson's Disease, Multiple Sclerosis, Polio, Spinal Cord Injury

- ▶ Admission Summaries
- ▶ Discharge Summaries, if available
- ▶ History/Physical Examinations
- ▶ Neurological Examinations
- ▶ EEG
- ▶ Anti-convulsant blood levels
- ▶ CT Scans and X-Rays
- ▶ Psychological Examinations
- ▶ Surgical Reports
- ▶ Muscle biopsy
- ▶ EMG
- ▶ Nerve conduction test

### MENTAL DISORDERS

- ▶ Psychiatric Evaluation
- ▶ Psychological test results
- ▶ Psychological evaluations

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- ▶ All records (including Admission and Discharge Summaries) of all hospitalizations or treatments during the past (four) 4 years.
- ▶ Description of daily activities and function levels
- ▶ List of all prescribed medication
- ▶ History of drug, alcohol use or dependence

### NEOPLASTIC DISEASES - Cancer

- ▶ Admission Summaries
- ▶ Discharge Summaries, if available
- ▶ History/Physical Examinations
- ▶ Biopsy and surgical pathological reports
- ▶ Surgical Reports
- ▶ CAT Scans, MRI
- ▶ Chemotherapy, radiation effects
- ▶ Laboratory Reports
- ▶ Tumor Board Recommendations

### IMMUNE SYSTEM - HIV Infection, AIDS, Systemic Lupus, Scleroderma, Connective Tissue Disorder, Vasculitis, Polymyositis

- ▶ Admission Summaries
- ▶ Discharge Summaries, if available
- ▶ History/Physical Examinations
- ▶ Laboratory Reports (blood tests, stool tests)
- ▶ Biopsy Reports
- ▶ Microscopy (histology, cytology, pathology)
- ▶ IV test (antibody, antigen, cultures)
- ▶ Other Cultures (sputum tests)
- ▶ PFTs
- ▶ Blood Gas Studies
- ▶ Neurological Exams
- ▶ Angiography
- ▶ Clinical findings cognitive/motor dysfunction
- ▶ Weight loss with diarrhea/weakness/fever - (Height and Weight)
- ▶ Brain imaging
- ▶ Description of how fatigue impacts activities of daily living
- ▶ Psychological Evaluations and Test Results
- ▶ History of drug and alcohol abuse

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### DED PACKET REVIEW CHECKLIST

The use of this checklist will help to reduce disability packet returns from DED by ensuring that all forms are present and correctly completed.

#### A. MC 221 (6/93 revision) See the Medi-Cal Eligibility Procedures Manual Section 22 4.5/7

- Is the CWD address on all three copies of the MC 221?
- Does item #5 include the month/day/year, and Retro Onset, if needed?
- If the case is a resubmitted packet, has a new MC 221 been prepared; is a copy of the prior MC 221 attached?
- If a reevaluation is being requested, has the reason for reevaluation been stated in Item #10?
- If a reopening is being requested because of a hearing remand, is a copy of ALJ's decision attached? (copy of the entire decision - not just the last page of the decision).
- For redetermination cases, is it specified, in Item #10, whether the break in aid was due to a medical or a non- medical reason; is a copy of the prior MC 221 attached?
- If there are any unavoidable omissions in the packet (e.g., missing address information for a out of state medical source which the applicant cannot provide) has an explanation as to why the information cannot be provided been stated in Item #10

#### B. MC 223 (6/94 revision) See the Medi-Cal Eligibility Procedures Manual Section 22 C-4.7/11

- Has the MC 223 been thoroughly completed?
- Is Item #6 filled in with the applicant's alleged medical problem(s)? (Do not write "see attached" or "see medical records", etc.)
- Are complete addresses and dates of treatment (at least month/year) given for each source listed in Items #7-10 and on Page 8?

#### C. MC 220 (7/93 revision) See the Medi-Cal Eligibility Procedures Manual Section 22 C-4.2/5

- Is there a sufficient number of MC 220s in the packet to cover every source listed on the MC 223-Items #7-10 and on Page 8?
- Are there three additional blank MC 220s, signed by the applicant, included?
- Are all MC 220s signed by the applicant? If not, **indicate specific physical or mental incapacity** that prevents applicant from signing **and** specify the relationship of person signing for the applicant on the release. The "**I authorize...**" line is for the medical source's name **only**.
- If applicant is deceased, send death certificate and/or hospital admission notes with **reason for death and the doctor's signature**; otherwise send a **complete** packet.
- Please make sure that the MC 220s have not been altered.
- Are the MC 220s signed with an X or an unrecognizable symbol? If so, the MC 220s must also be signed by a witness **and** the relationship of the witness to the applicant must be stated on the release.
- Do not date the MC 220s. (MC 220s that are 90 days after the date of application cannot be used).