

DEPARTMENT OF HEALTH SERVICES

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MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 182

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

DETERMINING PRESUMPTIVE DISABILITY--ARTICLE 22C-3

Enclosed is a replacement for page 22C-3.1.

CHANGES:

The following specifies the correct page on which the "PD Categories" is listed, which is page 22C-3.6.

FILING INSTRUCTIONS:**Remove Page:**

Article 22
Page 22C-3.1

Insert Page:

Article 22
Page 22C-3.1

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

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

22C-3--DETERMINING PRESUMPTIVE DISABILITY

1. BACKGROUND

Presumptive Disability (PD) decisions allow a temporary granting of Medi-Cal eligibility pending a formal determination by State Programs-Disability Evaluation Division (SP-DED). PD categories and documentation requirements are established according to federal regulations.

PD Requirements--County Welfare Departments (CWDs) May Grant a PD When:

- The client has a condition that is listed in the "PD Categories" in Section 22C-3;
- The condition is verified by a doctor/medical source;
- There was no Title II or Supplemental Security Income (SSI) disability denial in the past 12 months (unless PD is based on a new medical condition not previously considered by Social Security Administration (SSA); *and*
- The client is otherwise eligible.

IMPORTANT: If the individual had a federal (i.e., Title II or SSI) denial within the past 12 months, the federal denial is binding on Medi-Cal for 12 months from the date of the most recent federal decision (i.e., the initial application, reconsideration, hearing, or appeals council review). In such cases, the CWD cannot grant a PD *unless* the individual alleges a new medical condition that was not previously considered by SSA *and* all of the PD requirements specified above are met.

REMINDER: Only SP-DED can grant PD for medical conditions that are not listed on the PD categories chart.

2. RESPONSIBILITIES OF THE CWD AND SP-DED

A. CWD

1. Impairment Check the PD categories chart on page 22C-3.6 to ensure the client's medical condition is listed. ***It must match the disability exactly.***
2. SSA denial Check for a prior SSA disability denial within the past 12 months. The CWD will need to contact SSA if prior SSA denial exists, **do not** grant PD **unless** the client alleges a new medical condition that **exactly** matches a PD category **and** the new impairment was not previously considered by SSA. If the client alleges a favorable SSA decision within the past 12 months, but a final SSA decision has not yet been made, the SSA decision was most likely a SSI PD. The CWDs should only PD an MNO case **IF** the applicant's condition fits a PD category and has medical documentation to verify this.

